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Somerset County Council

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

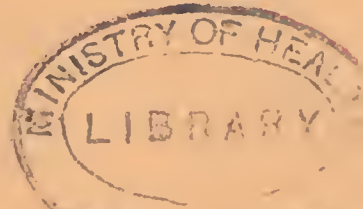
FOR THE YEAR

1954

J. F. DAVIDSON,

O.B.E., M.B., Ch.B., D.P.H.

County Medical Officer of Health.



To the Chairman and Members of the Health Committee,
Somerset County Council

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my Eighteenth Annual Report on the Public Health Services of the County.

The Report follows the usual lines, and the required statistical information is given in detail.

The state of Public Health in Somerset continues to be satisfactory, and this is particularly true of the child population.

The work of the Department has continued steadily during the year, and as we had no serious outbreak of poliomyelitis, the immunisation and other allied services were not interrupted. The figures for Maternal Mortality and Infant Mortality are again low and reflect the care and skill given to this important work by all concerned in it.

The services dealing with environmental hygiene have taken a prominent place in the general work, with very good results to the well-being and safety of the population.

The Department is particularly grateful for the ready help which it receives from general practitioners and from hospital staffs, and this combination of effort and interest is very much to the benefit of the people of Somerset.

The Voluntary Organisations in the County take an important part in the general plan and we are indebted to them for this assistance.

I am also glad to record my appreciation of the assistance given by the Press of the County. Their work is full of consideration and it is always designed to give factual and correct information.

I acknowledge with gratitude the help given by the members of the County Staff, and equally I am mindful of the assistance which we receive from other Departments of the County Council.

I am,

Yours faithfully,

J. F. DAVIDSON,

County Medical Officer of Health.

County Hall,
Taunton.

August, 1955.



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STAFF

The following are the Senior Public Health Officers:—

Central Office Staff:

County Medical Officer of Health

Principal School Medical Officer:

J. F. DAVIDSON, O.B.E., M.B., Ch.B., D.P.H.

Deputy County Medical Officer of Health

Deputy School Medical Officer:

*L. FAY, M.D., D.P.H.

Senior Medical Officer for Maternity and Child Welfare:

ISOBEL R. GORDON, M.B., Ch.B., D.P.H.

Senior Medical Officer for Mental Health:

BEATRICE M. SMITHIES, M.R.C.S., L.R.C.P., D.P.H.

Principal Dental Officer:

QUENTIN DAVIES, L.D.S., R.C.S. (Eng.)

County Public Analyst:

E. T. ILLING, B.Sc., F.R.I.C.

County Sanitary Officer:

W. DEWHURST, F.S.I.A.

Chief Administrative Officer:

R. F. COTTRELL, D.P.A.

Ambulance Liaison Officer:

R. S. J. BISHOP, D.P.A.

Mental Welfare Officer:

A. H. EDWARDS, D.P.A., A.C.C.S.

County Nursing Officer:

Miss J. E. NOBES, S.R.N., S.C.M., H.V., Q.N.

Area Staff:

P. P. FOX, M.B., Ch.B., D.P.H.

Area Medical Officer and Divisional School Medical Officer, Yeovil Area (also Medical Officer of Health, Yeovil Borough and Yeovil Rural District).

D. McGOWAN, M.B., Ch.B., D.P.H.

Area Medical Officer and Divisional School Medical Officer, Weston-super-Mare Area (also Medical Officer of Health, Borough of Weston-super-Mare, Axbridge Rural District).

* L. FAY, M.D., D.P.H.

Area Medical Officer and Divisional School Medical Officer, Taunton Area (also Medical Officer of Health, Taunton Borough).

R. H. G. H. DENHAM, M.D., D.P.H.

Assistant County Medical Officer, Bathavon Area (also Medical Officer of Health, Frome Urban and Rural, Bathavon Rural, Keynsham Urban).

R. H. WATSON, M.B., Ch.B., B.A.O., D.P.H.

Assistant County Medical Officer and Divisional School Medical Officer, Bridgwater Area (also Medical Officer of Health, Bridgwater Borough, Bridgwater Rural and Burnham-on-Sea Urban).

A. M. McCALL, M.R.C.S., L.R.C.P., D.P.H.

Assistant County Medical Officer, Langport Area (also Medical Officer of Health, Chard Borough, Ilminster Urban, Crewkerne Urban, Langport and Chard Rurals).

Committees:

The following are concerned in matters of public health:—

Health Committee: and its Sub-Committees for: Midwifery and Nursing Services,
Ambulance Service,
Water Supplies and Sewage Disposal,
Mental Health Services.

SUMMARY OF VITAL STATISTICS

Area (in acres) : 1,026,047.

Population (1954) : 485,000.

Live Births : Total 6,948; Legitimate 6,672; Illegitimate 276; Still births 143.

Deaths : Total 5,901; Urban 2,936; Rural 2,965.

Rateable value : £3,041,598 (1st April, 1954).

Sum represented by a penny rate £12,318 estimated (1954/55).

Birth rate 14.33; Illegitimate births 3.97 (per cent).

Death rate 12.17.

Deaths under 1 year of age : 157. Rate of infantile mortality : 22.60.

The birth rate shows a decrease from last year's figure (14.60). The percentage of illegitimate births is the same as last year (3.97).

The death rate (12.17) is higher than for the previous year (11.94). The rate of infantile mortality is 22.60 compared with 21.82 for 1953.

The chief causes of death were heart diseases (2,007 deaths), cancer and other forms of malignant disease (999 deaths), bronchitis and pneumonia (333 deaths), and tuberculosis (73 deaths).

The essential statistical returns covering births, infantile mortality, and deaths are given in tables I to V.

Births. The number of live births for the year was 6,948 which gives a rate of 14.3 per thousand population as compared with 14.6 for 1953. As will be noted from Table V, the birth rate for England and Wales for 1954 was 15.2 but for true comparison purposes the Somerset figure has to be adjusted to make approximate allowances for the way in which the sex and age distribution of the Somerset population varies from that of England and Wales. The adjusted figure for births for Somerset is 15.47.

Deaths. The death rate at 12.17 is higher than for the previous year. The rate for England and Wales is 11.3 and to compare the Somerset figures with the Country's rate it has to be adjusted in the same way as the birth rate. After adjustment the comparable Somerset rate is 10.10.

TABLE I

Causes of, and Ages at Death during the Year 1954

Causes of Death	Net Deaths at the subjoined Ages of "Residents" whether occurring Within or Without the District								
	All Ages	Under 1 year	1 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 45 years	45 and under 65 years	65 and under 75 years	75 and upwards
Tuberculosis, respiratory	65	0	0	0	1	18	29	10	7
Tuberculosis, other	8	0	1	0	1	0	6	0	0
Syphilitic disease	13	0	0	0	0	0	3	6	4
Diphtheria	0	0	0	0	0	0	0	0	0
Whooping Cough	0	0	0	0	0	0	0	0	0
Meningococcal infections	1	0	0	0	1	0	0	0	0
Acute poliomyelitis	2	0	0	0	1	1	0	0	0
Measles	1	0	0	1	0	0	0	0	0
Other infectious and parasitic diseases..	14	1	0	0	1	6	2	3	1
Malignant neoplasm, stomach	166	0	0	0	0	2	47	58	59
Malignant neoplasm, bronchus, lung ...	154	0	0	0	0	2	92	53	7
Malignant neoplasm, breast	114	0	0	0	0	8	44	29	33
Malignant neoplasm, uterus	43	0	0	0	0	3	21	14	5
Other malignant and lymphatic neoplasms	522	1	1	3	2	26	141	169	179
Leukaemia, aleukaemia	21	0	0	2	3	5	7	2	2
Diabetes	45	0	0	0	1	0	10	19	15
Vascular lesions of nervous system ...	959	0	0	0	0	12	176	277	494
Coronary disease, angina	674	0	0	0	0	8	146	255	265
Hypertension with heart disease	116	0	0	0	0	1	32	31	52
Other heart disease	1217	0	0	2	1	11	106	237	860
Other circulatory disease	278	1	0	0	1	6	39	74	157
Influenza	20	0	0	0	1	1	4	2	12
Pneumonia	149	11	4	0	2	3	27	33	69
Bronchitis	184	2	0	0	0	3	31	60	88
Other diseases of respiratory system ...	58	2	0	2	1	3	19	13	18
Ulcer of stomach and duodenum	72	0	0	0	0	2	26	24	20
Gastritis, enteritis and diarrhoea	34	3	1	0	0	5	7	6	12
Nephritis and nephrosis	66	0	0	2	1	3	15	15	30
Hyperplasia of prostate	53	0	0	0	0	0	4	9	40
Pregnancy, childbirth, abortion	2	0	0	0	1	1	0	0	0
Congenital malformations	60	45	2	3	1	4	2	3	0
Other defined and ill-defined diseases ...	546	88	4	5	4	31	88	91	235
Motor vehicle accidents	62	0	1	4	13	14	16	5	9
All other accidents	116	3	2	2	16	9	23	20	41
Suicide	64	0	0	0	2	15	36	8	3
Homicide and operations of war	2	0	0	0	0	1	0	0	1
All causes	5901	157	16	26	55	204	1199	1526	2718

TABLE II

Causes of Death at all Ages in each District during the Year 1954

RURAL DISTRICTS

Causes of Death	Axbridge	Bathavon	Bridgwater	Chard	Clutton	Dulverton	Frome	Langport	Long Ashton	Shepton Mallet	Taunton	Wellington	Wells	Williton	Wincanton	Yeovil	Total Rural Districts
Tuberculosis, respiratory...	6	1	3	2	1	1	0	2	4	0	5	0	8	0	2	0	35
Tuberculosis, other ...	1	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	4
Syphilitic disease...	3	0	0	0	0	0	0	0	1	0	2	0	0	0	1	0	7
Diphtheria ...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Whooping Cough ...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Meningococcal infections...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Acute poliomyelitis ...	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Measles ...	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Other infective and parasitic diseases ...	0	2	0	0	2	0	1	0	2	1	1	0	1	0	0	1	11
Malignant neoplasm, stomach ...	10	6	3	5	10	0	5	4	4	4	9	2	1	6	6	8	83
Malignant neoplasm, lung, bronchus ...	6	7	5	3	4	1	5	3	7	5	4	3	4	5	6	6	74
Malignant neoplasm, breast ...	6	3	5	0	2	0	3	0	6	2	6	2	0	2	6	5	48
Malignant neoplasm, uterus ...	3	1	0	2	2	1	0	6	1	1	1	0	0	1	1	0	20
Other malignant and lymphatic neoplasms	20	20	27	10	22	3	7	19	14	10	19	3	16	20	20	16	246
Leukaemia, aleukaemia ...	2	1	0	0	0	0	1	0	0	1	1	0	0	0	3	2	11
Diabetes ...	2	2	1	1	1	0	0	2	1	0	3	0	1	5	0	1	20
Vascular lesions of nervous system ...	46	23	46	22	38	7	10	27	45	23	41	17	26	34	34	34	473
Coronary disease, angina...	37	26	27	10	21	4	10	8	26	9	43	10	18	22	36	23	330
Hypertension with heart disease...	5	2	6	4	1	0	5	4	9	5	4	2	1	4	9	0	61
Other heart disease ...	81	50	47	18	39	12	28	22	50	38	56	11	72	27	42	41	634
Other circulatory disease...	12	7	20	4	5	3	9	8	10	9	21	7	5	10	13	16	159
Influenza ...	1	1	0	0	1	0	0	0	1	0	2	0	3	1	0	1	11
Pneumonia...	4	6	5	4	2	1	2	5	7	1	21	2	5	4	3	8	80
Bronchitis ...	7	9	8	3	11	2	4	3	8	2	14	0	2	10	4	7	94
Other diseases of respiratory system ...	4	4	0	0	1	0	1	0	2	2	5	0	2	1	0	0	22
Ulcer of stomach and duodenum ...	2	1	2	2	3	0	0	3	3	1	4	0	2	3	1	3	30
Gastritis, enteritis and diarrhoea ...	2	3	2	2	1	0	3	0	3	0	0	0	0	0	1	1	18
Nephritis and nephrosis ...	7	1	2	3	1	0	2	4	2	5	1	1	0	1	1	2	33
Hyperplasia of prostate ...	1	5	0	3	3	1	2	0	2	4	0	0	1	3	0	0	25
Pregnancy, Childbirth, abortion ...	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	2
Congenital malformations...	1	2	3	3	2	1	1	0	4	4	2	1	1	3	3	6	37
Other defined and ill-defined diseases ...	25	21	15	11	34	5	7	12	11	4	35	4	14	23	30	23	274
Motor vehicle accidents ...	5	0	3	0	4	0	4	0	1	0	5	2	2	2	1	2	31
All other accidents ...	5	3	9	6	5	0	2	1	5	0	5	1	5	6	1	4	58
Suicide ...	2	4	2	0	1	0	1	1	5	1	1	2	2	2	3	2	29
Homicide and operations of war...	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	2
All causes...	308	211	241	118	217	42	113	136	235	132	312	70	193	196	228	213	2965

TABLE III

Causes of Death at all Ages in each District during the Year 1954

URBAN DISTRICTS

Causes of Death	Bridgwater	Burnham	Chard	Clevedon	Crewkerne	Frome	Glastonbury	Ilminster	Keynsham	Minehead	Norton Radstock	Portishead	Shepton Mallet	Street	Taunton	Watchet	Wellington	Wells	Weston-super-Mare	Yeovil	Total Urban Districts	County Total
tuberculosis, respiratory ...	3	0	0	2	0	0	0	1	1	3	2	0	0	0	6	0	2	2	3	5	30	65
tuberculosis, other ...	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	2	4	8
diphtheritic disease ...	0	0	0	0	0	0	0	0	0	0	1	2	0	0	3	0	0	0	0	0	6	13
diphtheria ...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
whooping Cough ...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
staphylococcal infections ...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
acute poliomyelitis ...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	2
scabies ...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
other infective and parasitic diseases ...	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	3	14
malignant neoplasm, stomach	7	2	3	5	1	6	2	0	2	1	2	2	2	2	12	1	3	6	16	8	83	166
malignant neoplasm, lung, bronchus ...	8	1	2	6	2	8	4	2	5	2	3	0	0	1	12	0	3	0	14	7	80	154
malignant neoplasm, breast	3	4	6	2	1	5	2	0	5	1	3	1	1	1	9	0	1	3	11	7	66	114
malignant neoplasm, uterus	1	1	0	1	0	1	0	0	3	0	1	1	1	0	5	1	1	1	3	2	23	43
other malignant and lymphatic neoplasms ...	17	10	8	13	0	19	6	1	12	17	9	11	4	5	37	1	7	18	64	17	276	522
leukaemia, aleukaemia ...	2	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	0	3	2	10	21
diabetes ...	3	1	0	1	0	2	0	0	3	2	0	0	0	0	3	0	0	0	9	1	25	45
vascular lesions of nervous system ...	45	24	10	21	9	27	6	5	26	13	16	6	7	8	80	6	16	22	96	43	486	959
coronary disease, angina ...	31	13	7	28	6	11	5	3	32	11	13	12	4	6	42	2	5	6	85	22	344	674
hypertension with heart disease ...	2	1	2	3	0	3	0	0	2	2	4	1	4	0	9	1	4	0	11	6	55	116
other heart disease ...	58	26	3	28	11	26	14	2	17	20	24	6	12	14	103	5	16	12	126	60	583	1217
other circulatory disease ...	10	9	2	6	1	8	4	2	2	2	7	1	1	8	11	4	4	6	24	7	119	278
influenza ...	0	1	0	2	0	1	0	1	0	0	0	0	0	2	0	0	0	0	1	1	9	20
pneumonia ...	1	0	0	4	0	6	2	1	4	5	2	4	3	0	11	2	2	1	12	9	69	149
bronchitis ...	11	4	10	3	3	2	4	0	6	0	3	3	2	2	11	1	1	1	17	6	90	184
other diseases of respiratory system ...	3	2	0	2	0	3	1	0	2	0	4	3	0	0	6	0	0	2	8	0	36	58
other of stomach and duodenum	2	1	1	1	0	5	0	1	1	2	4	2	0	0	9	0	5	1	3	4	42	72
enteritis, enteritis and diarrhoea ...	0	0	1	1	1	0	0	0	0	1	2	0	2	0	3	0	0	0	4	1	16	34
enteritis and nephrosis ...	3	1	0	0	0	1	0	0	0	0	3	0	0	1	4	0	3	3	10	4	33	66
hyperplasia of prostate ...	0	2	0	4	1	1	0	1	1	3	0	0	1	0	4	0	1	2	6	1	28	53
pregnancy, childbirth, abortion ...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
genital malformations ...	5	1	0	0	1	4	1	1	0	0	1	0	0	0	4	1	1	1	1	1	23	60
other defined and ill-defined diseases ...	23	15	11	14	5	7	3	3	12	10	7	5	5	5	32	6	5	26	52	26	272	546
motor vehicle accidents ...	5	2	2	0	2	0	0	0	3	2	3	0	0	1	6	0	0	1	3	1	31	62
other accidents ...	5	5	3	2	2	1	1	0	7	2	3	2	1	2	8	1	3	2	7	1	58	116
suicide ...	6	1	1	1	0	3	0	1	1	1	1	0	1	1	2	0	0	3	9	3	35	64
suicide and operations of war ...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
All causes ...	254	128	72	150	46	152	55	26	147	100	118	62	51	59	434	32	84	120	599	247	2936	5901

TABLE IV

Table showing, for each Rural District, the number of Births and Deaths, the number of Deaths of Infants, also the Birth Rate, Death Rate, and Rate of Infantile Mortality

RURAL DISTRICTS.	Births	Deaths	Deaths under 1 year	Population	Crude Birth Rate	Adjusted Birth Rate	Crude Death Rate	Adjusted Death Rate	Infantile Mortality Rate
Axbridge	406	308	11	28790	14.10	16.07	10.70	8.88	27.09
Bathavon	304	211	10	19350	15.71	16.49	10.90	9.26	32.89
Bridgwater	287	241	4	20470	14.02	15.28	11.77	10.00	13.94
Chard	175	118	2	13160	13.30	14.36	8.97	7.17	11.43
Clutton	258	217	12	17310	14.90	15.64	12.54	11.03	46.51
Dulverton	66	42	2	4420	14.93	17.16	9.50	8.45	30.30
Frome	198	113	3	10310	19.20	20.73	10.96	9.53	15.15
Langport	197	136	4	12830	15.35	16.88	10.60	8.26	20.30
Long Ashton	328	235	8	23280	14.09	15.21	10.09	8.87	24.39
Shepton Mallet	164	132	4	10840	15.13	17.09	12.18	9.74	24.39
Taunton	275	312	9	21000	13.09	14.66	14.86	13.37	32.73
Wellington	120	70	1	7810	15.36	17.66	8.96	7.34	8.33
Wells	137	193	2	10120	13.54	14.62	19.07	15.25	14.60
Williton	161	196	4	13270	12.13	15.16	14.77	11.07	24.84
Wincanton	252	228	7	17600	14.32	16.03	12.95	10.10	27.78
Yeovil	356	213	9	23240	15.32	16.39	9.17	9.35	25.28
Totals of Rural Districts ...	3684	2965	92	253800	14.51	15.96	11.68	9.92	24.97

TABLE V

Table showing, for each Urban District, the number of Births and Deaths, the number of Deaths of Infants, also the Birth Rate, Death Rate, and Rate of Infantile Mortality

URBAN DISTRICTS.	Births	Deaths	Deaths under 1 year	Population	Crude Birth Rate	Adjusted Birth Rate	Crude Death Rate	Adjusted Death Rate	Infantile Mortality Rate
Bridgwater	381	254	8	23700	16.08	15.59	10.72	10.29	21.00
Burnham	173	128	5	9580	18.06	20.58	13.36	9.48	28.90
Chard	77	72	1	5400	14.26	14.26	13.33	11.73	12.99
Clevedon	117	150	2	9670	12.10	14.52	15.51	9.15	17.09
Crewkerne	58	46	1	3970	14.61	15.63	11.59	9.61	17.24
Frome	167	152	6	11410	14.64	15.81	13.32	10.52	35.93
Glastonbury	78	55	1	5190	15.03	14.27	10.60	8.90	12.82
Ilminster	59	26	0	2740	21.53	21.53	9.49	8.25	0.0
Keynsham	144	147	5	9070	15.88	16.51	16.21	14.10	34.72
Minehead	80	100	0	7410	10.80	12.42	13.50	7.83	0.0
Norton-Radstock	184	118	2	12120	15.18	15.93	9.74	9.05	10.87
Portishead	90	62	2	5000	18.00	19.62	12.40	10.04	22.22
Shepton Mallet	93	51	3	5260	17.68	17.68	9.70	9.02	32.26
Street	101	59	1	6030	16.75	16.58	9.78	8.31	9.90
Taunton	475	434	8	34820	13.64	13.50	12.46	11.33	16.84
Watchet	41	32	1	2570	15.95	16.90	12.45	10.45	24.39
Wellington	101	84	2	7390	13.67	15.17	11.37	8.86	19.80
Wells	63	120	0	6030	10.45	11.28	19.90	14.92	0.0
Weston-super-Mare	460	599	10	39990	11.50	12.99	14.98	10.03	21.74
Yeovil	322	247	7	23850	13.50	13.90	10.36	9.63	21.74
Totals of Urban Districts ...	3264	2936	65	231200	14.12	14.82	12.70	10.16	19.91
Administrative County ...	6948	5901	157	485000	14.33	15.47	12.17	10.10	22.60
England and Wales, 1954 ...	—	—	—	—	15.2	—	11.3	—	25.5

TABLE VI
NOTIFICATION OF INFECTIOUS DISEASES

	Measles	Scarlet Fever	Diphtheria	Enteric and Para-typhoid Fevers	Puerperal Pyrexia	Ophthalmia Neonatorum	Cerebro-Spinal Meningitis	Dysentery	Whooping Cough	Pneumonia	Acute Polio-myelitis	Encephalitis Lethargica
URBAN												
Bridgwater... ..	152	55	0	0	7	1	0	9	238	2	1	0
Burnham	0	15	0	0	1	0	0	0	42	11	0	0
Chard	1	0	0	0	1	0	0	1	23	1	0	0
Clevedon	0	3	0	0	5	0	1	0	5	5	1	0
Crewkerne	0	3	0	0	0	0	0	0	0	1	2	0
Frome	2	13	0	0	0	0	1	0	21	0	1	0
Glastonbury	177	0	0	0	1	0	0	0	0	1	0	0
Ilminster	61	1	0	0	1	0	0	0	22	4	0	0
Keynsham	1	1	0	0	0	0	0	0	22	0	2	0
Minehead	34	0	0	0	2	1	0	0	7	0	1	0
Norton-Radstock	3	2	0	0	0	0	1	6	76	2	0	0
Portishead	0	0	0	0	0	0	0	1	7	0	0	0
Shepton Mallet	0	1	0	0	2	0	1	0	2	0	0	0
Street	19	0	0	0	1	0	0	0	0	2	0	0
Taunton	515	22	0	0	2	0	1	4	142	9	1	0
Watchet	0	0	0	0	0	0	0	0	0	2	0	0
Wellington... ..	26	15	0	0	0	0	0	0	71	2	0	0
Wells	0	0	0	1	1	0	0	0	74	0	1	0
Weston-super-Mare	4	123	0	1	4	0	1	0	118	9	5	0
Yeovil	4	5	0	0	15	0	2	0	5	15	3	0
RURAL												
Axbridge	2	29	0	0	2	0	0	0	115	6	1	0
Bathavon	6	8	0	0	0	0	0	0	61	9	1	0
Bridgwater... ..	28	15	0	0	4	0	0	12	105	20	0	0
Chard	106	4	0	0	0	0	0	2	47	2	0	0
Clutton	3	6	0	1	3	0	0	3	73	4	2	0
Dulverton	22	0	0	0	0	0	0	0	66	6	0	0
Frome	1	16	0	0	0	0	2	0	33	16	0	0
Langport	222	13	0	0	0	0	0	0	15	4	0	0
Long Ashton	1	20	0	0	0	0	0	5	114	29	2	0
Shepton Mallet	30	4	0	0	0	1	0	0	23	1	1	0
Taunton	144	19	0	0	0	0	0	2	90	2	1	0
Wellington	7	5	0	0	0	0	1	0	44	3	0	0
Wells	15	2	0	0	2	0	0	0	13	4	0	0
Williton	24	1	0	0	0	0	0	0	20	0	0	1
Wincanton	3	31	0	0	0	0	0	0	22	7	1	0
Yeovil	140	10	0	0	3	0	1	0	61	13	9	0
Urban Districts	999	259	0	2	43	2	8	21	875	66	18	0
Rural Districts	754	183	0	1	14	1	4	24	902	126	18	1
Administrative County	1753	442	0	3	57	3	12	45	1777	192	36	1
Comparative figures for 1953 are :-	7598	442	3	1	58	5	11	100	1261	274	157	3

PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

In Table VI will be found details of cases of notifiable disease and their distribution, with total figures for 1953 for comparison. The number of cases of measles notified was 1753 compared with 7598 for the previous year. Whooping cough notifications were much higher, but other notifications remained at about the same level. Diphtheria notifications were nil as compared with three for the previous year. Poliomyelitis showed a decrease from 157 cases to 36.

Poliomyelitis. The confirmed cases numbered 36, and there was one death – a man aged 25. Because of the low incidence no special precautions or restrictions were necessary. The majority of cases were admitted to isolation hospitals.

Venereal Diseases. The following are the attendances of Somerset cases at the various clinics for the past three years. The figures in brackets indicate the number of new cases suffering from “other conditions” and conditions remaining undiagnosed at 31st December, 1954 :—

Clinics	New Cases				Attendances			
	1952	1953	1954	Increase or decrease during 1954	1952	1953	1954	Increase or decrease during 1954
Bath	29 (23)	42 (33)	44 (35)	+ 2	212	310	262	- 48
Bridgwater ...	48 (37)	35 (26)	21 (14)	- 14	465	314	235	- 79
Bristol	79 (59)	86 (69)	83 (65)	- 3	527	768	574	- 194
Taunton	36 (29)	38 (28)	52 (41)	+ 14	513	403	508	+ 105
Weston-super-Mare	47 (37)	31 (23)	22 (15)	- 9	226	124	195	+ 71
Yeovil	79 (68)	59 (52)	46 (45)	- 13	721	673	252	- 421
All Clinics ...	318(253)	291(231)	268(215)	- 23	2,664	2,592	2,026	- 566

As will be seen the figures continue to show a steady decline both in number of cases and attendances. A comparison with the 1948 figure will show that in that year there were 608 new cases.

ORTHOPAEDIC SCHEME

As in previous years a note on the County Scheme and its work during 1954 is given in my report for 1954 as Principal School Medical Officer.

BLIND PERSONS

On the 29th September, Popham House, Wellington, was opened by the Minister of Health, the Rt. Hon. Ian McCleod. This is a home for the Blind and was specially designed for this purpose by the County Architect. The Home will eventually accommodate 31 resident blind persons; the first being admitted on the 4th October.

The Somerset Association for the Blind continues to carry out the general work on behalf of and with a grant from, the County Council. This arrangement works very well in practice and from the point of view of welfare of the blind person, seems preferable to the Local Authority directly conducting such work.

Eight Home Teachers, one of whom is blind, were employed by the County Association for the Blind during 1954. There were 18 Home Workers under the supervision of the Bristol Royal Blind Asylum Workshops. At the end of 1954, 1145 persons (446 men and 699 women) in the County registered as blind, compared with 1089 at the end of 1953 and in addition 92 persons are registered as partially sighted. The increase in the number of blind persons is expected to be maintained in view of the fact that more of the population is now reaching old age; of the 1145 registered as blind 655 are over the age of seventy.

As previously, prior to admission to the Register of Blind Persons, it is necessary for certification to be carried out by a medical practitioner with special experience in ophthalmology. In a very few instances of the aged or bedridden in remote areas it is possible, by a modification agreed to by the Minister of Health for the medical attendant to supply the necessary information on form B.D.8. Little delay is now experienced generally in having persons known to be blind admitted to the Register, and the help and co-operation of Ophthalmic Surgeons in supplying the necessary information is appreciated.

An examination of 202 forms B.D.8 received during the year shows the following:—

Follow-up of Registered Blind and Partially Sighted Persons

(i) Number of cases registered during the year in respect of which para. 7 (c) of form B.D.8 recommends —				Cataract.	Glaucoma.	Retrolental Fibroplasia.	Others.
(a) No treatment	...	...	...	19	7	Nil	78
(b) Treatment (medical, surgical or optical)	...	...	...	44	16	Nil	38
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment							
...	...	...	...	22	14	Nil	31

Ophthalmia Neonatorum

(i) Total number of cases notified during the year	...	...	...	3
(ii) Number of cases in which:—				
(a) Vision lost	...	...	...	Nil
(b) Vision impaired	...	...	...	Nil
(c) Treatment continuing at end of year	...	...	...	Nil

In the 23 cases of Glaucoma 20 gave information as to having had treatment. 3 had received no treatment.

NATIONAL HEALTH SERVICE ACTS.

Again this year fairly full details of the department's activities are given in subsequent pages, and show steady progress.

In my report for 1952, which was a year of review at the request of the Ministry of Health, I gave a description of the changes which had taken place in our relationship with the County

and District Nursing Associations and referred to the possibility that the majority of the District Nursing Associations would disappear. This has, in fact, happened but the new arrangement with its local representation on the County Nursing Association works well, and I think I may say that voluntary help and goodwill are as apparent as ever in these matters. The County Nursing Association with its representation drawn from local nursing centres forms a valuable advisory body and it is hoped that it will continue to function in this way for a long time to come.

I must repeat here what has so often been said before about domiciliary services. These are matters which are much in the public eye, particularly as regards Home Helps, Ambulance, and District Nursing Services, and comment and criticism are bound to arise from time to time. It is a healthy and welcome sign that this is so. I think, however, that these services are run economically and with the proper focus on helping the community. Your Mental Health Service naturally is more in the background because from the nature of its work publicity is avoided. It does, however, provide to the few help of considerable value, and within proper limits as much as possible should be done for those who are unfortunate enough to come within its scope. You will gather from the details given that much valuable work is being done quietly and carefully, for the individual and for the community.

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal Care. There has been an appreciable reduction in the numbers who have attended the ante-natal clinics, due no doubt to more and more mothers being accepted by their doctors for maternity medical services. During 1954 the clinics held at Taunton, Weston-super-Mare and Yeovil were attended by 590 women ante-natally and 48 post-natally, decreases of 208 and 24 respectively on the figures for 1953. As compared with 1953, total attendances showed a decrease from 2631 to 2060 ante-natally and from 92 to 49 post-natally.

The number of blood tests has increased, as their importance is realized not by the doctors but by the patients themselves, and at some of the smaller centres the demand has exceeded considerably the expected numbers. Tests taken at the clinics held at Yeovil, Bridgwater, Crewkerne, and Glastonbury increased from 1115 in 1953 to 1209 in 1954.

In addition to the clinics mentioned, many of the midwifery staff devote one afternoon periodically to seeing a group of ante-natal patients in the district room and having what is, in effect, a small ante-natal clinic. Many doctors also devote an afternoon to ante-natal care — once a week or less frequently — and the district nurse/midwife attends to assist him and to share in the ante-natal supervision.

Educational work during clinic sessions has not proved very useful or acceptable to the mothers, though a limited amount of individual and of group teaching is given. The scheme of providing evening talks has therefore continued and has been appreciated very much, both by patients, and in one area, by husbands also. A series of five talks — one per week — is given with the aid of demonstration material, film strips, films, etc. The hospital midwife, the domiciliary midwife, and the health visitor participate in this educational work and this co-operation by members of the various services is considered to be particularly useful.

The Health Department continues to act for the Regional Hospital Board in dealing with applications for hospital accommodation for social reasons, and of 3,733 such applications, 3,530 were allocated accommodation during 1954. Detailed reports on home conditions are supplied by midwives and accommodation is allocated to those who appear to require it most urgently. Priority is given to 5th, 6th, or more pregnancies, to nervous primiparous patients, to patients with past history of difficulty, and where home conditions are unsuitable, either by

reason of lack of accommodation or lack of adequate domestic help. If, after dealing with these categories, surplus accommodation remains unallocated it is offered to non-priority applicants. In one or two areas of the County direct admissions for social reasons appear to be arranged without reference to the Health Department.

Of the 7,091 births which occurred (89 fewer than last year), 2,274 or 32% were domiciliary confinements, as compared with the 33% domiciliary figure for 1953.

Maternal Mortality. Again I am happy to report a low maternal mortality figure — 2 deaths having occurred — one in hospital and one in domiciliary practice. This represents a figure of .28 per 1,000 births and again reflects the high standard of obstetric work in the County, and careful supervision and accurate and early diagnosis of abnormality.

Stillbirths. The stillbirth rate of 20.1 per 1,000 total births is somewhat lower than the figure of 24.0 for the country as a whole. The County stillbirth rate for the past five years has been —

1950	1951	1952	1953	1954
24.2	20.1	22.3	17.3	20.1

Among the causes of the 143 stillbirths which occurred —

21 were due to Gross Abnormality.
27 were due to Severe Maternal Toxaemia.

I am grateful to doctors and nurses, whether in domiciliary practice or in hospital, for so kindly supplying reports on stillbirths, and this has made possible the analysis of causes of this condition.

Infant Mortality. Here again I am gratified to report a low figure —

	Country as a whole.
1953 — 21.8 per 1,000 Live Births	1953 — 26.8
1954 — 22.6 " " " "	1954 — 25.5

This again reflects the high standard, not only of infant care but of ante-natal care, and has been achieved by the combined efforts of each member of the team — general practitioner, obstetrician, paediatrician, midwife, nurse and health visitor, all of whom must note this low infant mortality rate with pleasure and gratification.

Neo-natal death rate. The figure of 16.5 per 1,000 live births remains about the same level as in 1953. As is seen in the attached tables, prematurity continues to account for nearly 45% of the neo-natal deaths. It must be recorded that of these numbers an appreciable proportion were of less than 28 weeks gestation and were therefore not considered viable.

For the purpose of these analyses of causes of death it has been necessary to obtain reports from hospitals, from medical practitioners, and Nurse/Midwives, and again I would like to express my thanks to them for their co-operation and for making it possible to include these details in my report.

Analysis of Reports on Infant Deaths in Somerset — 1954.

Causes	Total	Neo-Natal	Over one month
Prematurity... ..	51	51	—
Atelectasis and asphyxia neonatorum	11	11	—
Congenital abnormality	47	32	15
Respiratory infection... ..	9	1	8
Birth Injury	12	12	—
Asphyxia inhalation pneumonia... ..	1	—	1
Gastro Enteritis	3	—	3
Other Causes	13	5	8
Reports not received	10	3	7
	157	115	42

Care of Premature Infants. Special equipment continues to be available for loan for the nursing of premature infants remaining at home, but this is rarely required and has been used only in very few cases in the past year. As before, special domiciliary supervision is given by the Area Assistant Nursing Officers who supervise and keep in touch until satisfactory and normal progress is established and maintained. The policy continues of admitting to hospital for delivery all confinements of apparently less than 37 weeks gestation. Where this is not possible medical help is summoned invariably and the medical practitioner decides whether the infant should be admitted to hospital for nursing or can safely remain at home.

Premature Live Births

Born in hospital	338
Died within 24 hours of birth	28
Survived 28 days	289
Born at home and nursed entirely at home	18
Died within 24 hours of birth	3
Survived 28 days	14
Born at home and transferred to hospital on or before 28th day	88
Died within 24 hours of birth	7
Survived 28 days	78

Premature Stillbirths

Born in hospital	54
Born at home	16

Child Welfare. The policy continues of delegating to voluntary committees the responsibility for Child Welfare Clinics, of which there are now 100, and I wish to record my thanks to these committees for their splendid work in organising the centres, and also in compiling the statistics required by the Ministry of Health. This latter is no easy task and I am glad to have the opportunity of expressing my appreciation to them.

As I have stated previously, while the standard of accommodation in many instances falls far short of what we should like, much useful work is done. Educational work has been extended and increasing use made of film strips and of a projector with sound track. Group talks

have been developed, and when the Area Assistant Nursing Officers visit for supervising purposes they make a point of leading small group discussions. There is no method of assessing accurately the value of group talks, but mothers join in them more readily and express their views more fully and they appear to fill a useful niche in health propaganda.

Diphtheria immunisation is an integral part of child welfare clinics and there are only two in the County where it is not carried out and in these areas the local general practitioner secures approximately 100% immunisation at his surgery. In the urban centres smallpox vaccination is provided but in the rural areas it would not be practicable where a medical officer attends perhaps only once per month. Combined Diphtheria-pertussis immunisation is given if requested by the parents, but is not pressed as County policy.

The medical work is undertaken by general practitioners at 38 centres, and at the remainder by Assistant County Medical Officers.

During the year a new centre has been opened at Bleadon and voluntary weighing centres at Goathurst, Spaxton, Porlock, Croscombe, and Westfield (Radstock), have been taken over as Mothers' Clubs. The attendances at Langport and Priddy unfortunately have not justified the continuance of these centres and they have had to be closed down.

A Parents' Club has been organised in connection with Bridgwater Child Welfare Clinic and is proving most popular and useful. It meets on one evening per month – when topics of health are discussed, educational films shown, and demonstrations given. This Club is self-supporting, the mothers contributing a small sum towards the expenses.

The number of children under five years of age who attended Child Welfare Centres in the County was 12,090 and their attendances during the year totalled 72,218.

There were 77,679 home visits made to children under one year of age and 110,236 visits to children from 1 – 5 years of age by full-time or part-time Health Visitors.

As before, special supervision has been given to all children under the age of five years who are suffering from physical or mental defects and 607 such children were referred to the Health Department during 1954.

Children neglected in their own homes. Meetings are convened under the chairmanship of the Children's Officer and are attended by appropriate members of the Health Department staff. Possible means of improving the standard of home care are considered and suitable action suggested. Much intensive work is carried out, with varying results. Frequently the basis of the problem is the low mentality of one or both parents, which in turn leads to a poor standard of homecraft and deterioration of premises with consequent unwillingness of councils or private landlords to expend money on improving houses which will not be maintained in a reasonable state of cleanliness. While considerable improvement is effected in some instances by the concerted effort of statutory and voluntary bodies there remains the hard core of families who are neither able nor willing to improve their status.

Since the first meeting of the Co-ordinating Committee in December, 1951, up to 31st October, 1954, 128 families have been referred, involving 369 children.

Unmarried Mothers. 276 illegitimate children were born in Somerset during 1954.

Unmarried expectant mothers are reported to the Health Department by doctors, nurses and health visitors, by moral welfare workers and also by direct application by the girl herself. On receipt of such information she is visited by an Area Assistant Nursing Officer to discuss fully all aspects of the problem and to arrange for the necessary help to be given. Admission to hospital for

confinement may be the only need, but frequently it is necessary to arrange accommodation away from home in the later months of pregnancy because of the attitude of the parents, who may, in fact, turn them out of their homes. Braeside Hostel, Chard, continues to fill a need when accommodation is required and the policy has continued of admitting girls 6 – 8 weeks prior to delivery and in very exceptional circumstances even earlier. Arrangements are made for the confinement in a maternity hospital, and after fourteen days the mother can return to Braeside with her baby whom she must look after for a period until she reaches a decision or is helped to reach a decision about the future. The weeks immediately prior to, and immediately after, confinement are particularly times of emotional stress when it is difficult to reach a wise and considered decision and a period of residence for the mother and baby together frequently helps to clarify the problem. During this post-natal period the parents frequently change their hostile attitude and welcome the unmarried mother and her infant back to her home, so that where adoption had been considered the only possible course it is no longer thought to be desirable. Of 24 cases who were accommodated at Braeside during 1954, 15 mothers returned home with their babies.

Where, after due consideration, adoption appears to be the only solution, help can be given through the Children's Department of the County Council.

In special circumstances it may be necessary to arrange admission to out-county homes, and as a rule this is done by Moral Welfare workers. In approved cases financial responsibility for maintenance is accepted for a specified period.

Ophthalmia Neonatorum. Three cases were notified during the year in the districts shown in Table VI.

Puerperal Pyrexia. Fifty-seven cases were notified during the year in the districts shown in Table VI.

Birth Control. During 1954 advice on Birth Control was given for medical reasons in 52 cases. Appointments can be made with approved medical practitioners in the Taunton, Yeovil, and Bath areas, and Family Planning Clinics are available at Bridgwater, Bristol, and Exeter, to which patients may be referred.

Day Nurseries. The nurseries at Bridgwater, Keynsham, and Taunton have continued, and admissions are accepted by local Sub-Committees according to approved priority categories. At each nursery applications for admission have dropped considerably and there is rarely a waiting list of more than three or four.

The proportion of priority admissions is high and the nurseries also serve a very useful purpose for the mother who must work to maintain her family.

At Weston-super-Mare, where the Day Nursery was closed during 1953, it has been possible to admit to a privately owned nursery day children in priority categories, but this has only been necessary for a very small number of children and for very limited periods.

Dental Care – Report of the Chief Dental Officer. The improvement in the staffing situation which it was hoped would follow the introduction of the new scale of salaries for dental officers employed by Local Authorities did not materialise. In fact, the position worsened during the year which commenced with 14 dental officers (including the Chief Dental Officer and the County Orthodontist) and ended with 10. This serious position is due mainly to the general shortage of recruits to the profession over the last few years so that those qualifying now find that they have a wide choice of appointments in public work or in private practice and to the fact that the increased scale of salaries for Local Authority Dental Officers still does not appear to be comparable with the financial outlook in private practice.

In an endeavour to make the appointments under the County Council more attractive to the few potential applicants it was agreed, towards the end of the year, to try two additional inducements, the first of these being permission for dental officers to engage in private practice for periods of not more than six hours, in any week, and the second being the offer of housing accommodation in certain areas.

It is felt that these additional inducements may, by offering the candidates the opportunity to earn a little extra, or by affording some assistance in the housing problem, attract the younger dental surgeon.

The dental treatment given by the County Dental Staff to expectant and nursing mothers and to pre-school children for the year ended 31st December, 1954, is shown in the table below:—

(a) Numbers provided with dental care:

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and nursing mothers ...	259	234	224	141
Children under five ...	747	683	654	485

(b) Forms of dental treatment provided:

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Radio-graphs
Expectant and nursing mothers	52	274	3	1	686	155	17
Children under five ...	3	279	134	—	1,013	521	—

Dentures provided by the County Dental Laboratory :

Complete	...	...	...	...	...	...	...	42
Partial	...	...	...	...	...	...	...	40
								<u>82</u>

The number of sessions devoted to this service by the County Dental Officers totalled 230.

DISTRIBUTION OF WELFARE FOODS

In April a circular was received from the Ministry of Health intimating that when the local offices of the Ministry of Food closed at the end of June, local health authorities would be responsible for the distribution of National Dried Milk, Orange Juice, Cod Liver Oil, and Vitamin A and D tablets as part of their duties under the National Health Service. Despite the very short notice given, the work passed from the Government to the County Council with very little friction and the supply of the welfare foods continued with only minor hindrances. The Minister of Health has expressed his appreciation of the successful manner in which the transfer of responsibility from the Ministry of Food has been accomplished and the new arrangements put into operation.

The County Council's scheme has been drawn up on the basis of central control with 28 main distribution points in the larger centres of population, and 200 secondary distribution points in Child Welfare Centres, shops or private houses, and some 36 district nurses undertaking dis-

tribution. The Ministry in transferring the work to the local health authorities urged that there should be no diminution in the availability of welfare foods to beneficiaries and this has constantly been kept in mind. One of the main difficulties has been to acquire premises with adequate storage accommodation and I have to acknowledge the very valuable co-operation of the Ministries of Works, National Insurance, and Labour, during the transitional period in arranging for certain local Ministry offices to continue to store welfare foods.

The Ministry of Food has been very helpful in arranging for deliveries of supplies of welfare foods to a large number of centres in the County, but beyond this there has been a considerable amount of redistribution necessary to get welfare foods to the smaller centres, and special mention must be made of the invaluable help of the W.V.S., both in transport arrangements and in very readily making available their office accommodation for the issue of welfare foods. Without their assistance the County Council would have been faced with much greater difficulties and costs and we are greatly indebted to the W.V.S.

The secondary distribution points are in all instances manned by voluntary workers, most of whom have been doing the welfare foods work on behalf of the Ministry of Food for a long time and doing it, I believe, in a most excellent manner. Practically all these workers agreed to continue with the County Council and I should like to express my appreciation of their work in doing an important service in ensuring that welfare foods are available in remote districts.

Issues of welfare foods for the period 28th June, 1954, to 1st January, 1955, were as follows :—

National Dried Milk tins	—	87,108
Cod Liver Oil bottles	—	30,446
Vitamin A and D packets	—	8,615
Orange Juice bottles	—	146,784

MIDWIFERY AND HOME NURSING SERVICES

The Midwifery and Nursing Services Sub-Committee of the Health Committee exercise the powers of the County Council under Sections 23 and 25 of the National Health Service Act, 1946, and of the County Council as the Local Supervising Authority for the purposes of the Midwives Acts. The day to day supervision of the services has continued to be undertaken by the Senior Medical Officer for Maternity and Child Welfare Services, the County Nursing Officer, her deputy and three area assistants. For the purposes of the Midwives Acts, visits are paid by the Supervisors both to midwives in hospitals and to domiciliary midwives as frequently as may be necessary. Visits to the patients' homes with the midwives are undertaken as a routine measure by the supervisory staff.

The policy of combined Nursing and Midwifery with or without Health Visiting has continued, and at the end of 1954, the District Staff consisted of 183 permanent and 28 relief staff. Full time midwives were employed at Bridgwater, Taunton and Weston-super-Mare and full time male and female nurses at Bridgwater, Taunton, Weston-super-Mare and Yeovil.

Details of the District Staff employed at the end of the year and details of the midwifery and nursing work done by them during 1954 are shown below :—

	On Permanent Districts	Emergency Staff
Queen's Nurse Midwives with H.V. Certificate ...	86	—
Queen's Nurse Midwives	55	7
S.R.N., S.C.M.... ..	13	4
S.E.A.N., S.C.M.	20	9
Queen's District Nurses (including 2 male nurses)	4	—
S.C.M.	1	4
S.E.A.N.	1	1
S.R.N.	3	2
S.R.N., S.C.M., with H.V. certificate	—	1
	<u>183</u>	<u>28</u>

	Visits
Midwifery	28,385
Maternity	18,863
Ante-natal	35,716
Post-natal	6,512
Medical	288,269
Surgical	75,420
Infectious Diseases	521
Tuberculosis	4,379
Maternal complications	4,201
Others	17,476
Child Welfare Sessions	3,459
School Medical Inspection Sessions	731

Home nursing was given to 7,078 patients who were 65 years of age or over at the time of the first visit, and a total of 210,183 visits were paid to these patients; 3,132 patients had more than 24 visits during the year involving a total of 223,395 visits.

During 1954, medical aid was summoned in accordance with the rules of the Central Midwives Board on 713 occasions, 359 by domiciliary midwives and 354 by hospital midwives, and 2,316 deliveries were attended by domiciliary midwives, 1,505 being midwifery cases and 811 maternity cases. At the end of the year 183 midwives were qualified to administer gas and air analgesia, in accordance with the requirements of the Central Midwives Board. During 1954, gas and air was administered in 1,777 cases by midwives in domiciliary practice and pethedine in 1,130 cases.

Twelve nurses have successfully completed Queen's District Training and 16 Part II Midwifery Training, and in co-operation with the Taunton Hospital Management Committee, arrangements have been made for 16 Part II Midwifery pupils to complete their District training. Twenty-six members of the Nursing Service attended refresher courses during the year.

The annual three day post-graduate course for midwives, nurses and health visitors was again held in May on the lines of previous courses, and was fully attended by members of the County Nursing Staff.

The importance of adequate and reasonable housing accommodation in the maintenance of an efficient District Nursing service is again emphasised and difficulty has been experienced in

finding accommodation and filling vacancies in certain areas. In accordance with the defined policy of the Midwifery and Nursing Services Sub-Committee, applications have been made in appropriate cases to local housing authorities either to let or sell to the County Council for occupation by the District Nurse/Midwives houses built by them as part of their ordinary housing programme. Generally speaking the housing authorities in the County have been most helpful, but they have their own difficulties and long waiting lists with which to contend. Two semi-detached houses erected by the Portishead Urban District Council on behalf of the County Council became available in April for occupation of the Portishead nurses.

The housing accommodation for District Nurse/Midwives in December, 1954, may be shown as follows :—

Houses owned by County Council	...	...	...	...	...	...	10
Houses owned by District or County Nursing Association and let to County Council	...	...	...	...	...	...	13
Rented by County Council —							
(a) from private owners	...	...	...	...	...	...	24
(b) from local housing authorities	...	...	...	...	...	...	29
							<hr/> 76 <hr/>

The County Council own the furniture in 32 houses occupied by District Nurse/Midwives. The policy of providing motor transport for all nurses has been fully implemented and at the end of the year 135 motor cars were provided by the County Council and 12 by District Nursing Associations, 30 nurses using their own motor cars.

The County Council make an annual grant for the replacement of the older Nursing Service cars and the fleet being modernised by the introduction of new cars.

HEALTH VISITING

Thirty full time Health Visitors are employed in the urban areas and on tuberculosis and school work. In the rural areas the policy of combined district nursing/midwifery and health visiting has continued with a view to the ultimate establishment of a single all purpose nursing service. Health Visitor scholarships are awarded annually either to County Council staff or to other suitable external applicants. The progress made is shown in the following table :—

	Full time Health Visitors	District Nurse/Midwife Health Visitors	
		With H.V. Certificate	Without H.V. Certificate undertaking H.V. duties.
1952	32	68	89
1953	31	74	81
1954	30	87	74

During 1954, 10,484 families or households were visited by the full time Health Visitors and 22,707 by District Nurse/Midwives/Health Visitors. Visits to children under 5 years of age by full time Health Visitors during the year were 38,623 and a total of 149,292 visits were paid by the District Nurse/Midwives/Health Visitors.

Some details of the work of the Health Visitors are given below :—

				Full time Health Visitors	District Nurse/Midwives Health Visitors
Ante and Post-Natal Children :	...	...	...	259 visits	42,227 visits
Under 1 year of age	...	...	...	15,657 visits	62,022 visits
1 — 2 years of age	...	...	...	8,998 visits	34,842 visits
2 — 5 years of age	...	...	...	13,968 visits	52,428 visits
Tuberculosis	...	...	...	14,317 visits	—
Other visits, including special visits, infectious disease, care of old people, hospital after-care, etc.	...	...	...	3,944 visits	13,683 visits

The role of the Health Visitor as the family adviser in matters of health is becoming increasingly recognised, whether she be a full time Health Visitor or engaged in combined Nursing/Midwifery and Health Visiting and her activities in this capacity are being extended. In rural areas where one person undertakes combined work this is comparatively simple, but in urban areas where specialised work is done, only by the closest co-operation between Nursing and Health Visiting staff can supervision be given without duplication and overlapping. In either case frequent consultation with the Home Help Organiser is necessary.

VACCINATION AND IMMUNISATION

Diphtheria Immunisation. Immunisation was not hampered this year by the prevalence of poliomyelitis and, in consequence, 7554 children received a course of primary immunisation — an increase of 2532 over the previous year. 6425 'under-fives' received primary immunisation and this figure compared with the total births of the previous year gives a ratio of 91 per cent.

The relevant figures are:—

1953	4348	63%
1952	4898	68%
1951	5910	82%
1950	4024	51%

6349 school children received reinforcing injections, the majority of which were given by School Medical Officers. This figure shows an increase of 701 over the previous year but there is no doubt that this could be further improved if parents of children attending private schools ensured that their children had a reinforcing injection at commencement of school life.

There were no cases of diphtheria during the year but it must again be stressed that a decline in the rate of immunisation can lead to a return of the disease. The young parent must constantly be reminded of the danger, and to this end full advantage has again been taken of the publicity material made available by the Ministry of Health. I am grateful to the Somerset Local Medical Committee who made arrangements for the display of posters in doctors' waiting-rooms, and to cinema managers who kindly exhibited cinema-slides. Thanks are due to the Health Visitors, Midwives and District Nurses, who, by their direct contact with parents, play a great part in the success of the scheme.

Whooping-cough Immunisation. Supplies of the combined diphtheria-whooping cough vaccine are available to general practitioners on application and it is used by the Assistant County Medical Officers if requested. During the year 1525 'under-fives' were immunised with the combined vaccine.

Vaccination. The figures for the primary vaccination of 'under-fives' show an improvement, there being a total of 3,022 as against 2,546 in 1953, which represents 42% of the live-births during 1954.

The corresponding figures for previous years are :—

1953	2,546	37%
1952	2,424	36%
1951	2,545	36%
1950	1,890	26%

DIPHTHERIA IMMUNISATION 1954

District					Total primary immunisations, 1954		Total reinforcements 1954	Total Live Births 1953
					0 — 4 yrs.	5 — 14 yrs.		
RURAL.								
Axbridge	...	...	...	...	316	84	352	361
Bathavon	...	...	...	...	266	37	283	313
Bridgwater	...	...	...	..	269	58	256	310
Chard ...	...	...	...	...	177	5	11	185
Clutton	...	...	...	...	263	30	337	253
Dulverton	...	...	...	...	49	8	46	65
Frome ...	...	...	...	...	164	20	364	170
Langport	...	...	...	...	202	9	108	221
Long Ashton	...	...	...	...	298	68	308	302
Shepton Mallet	...	...	...	...	147	21	185	179
Taunton	...	...	...	...	210	42	241	297
Wellington	...	...	...	...	139	22	83	120
Wells ...	...	...	...	...	147	43	167	166
Williton	...	...	...	...	175	8	117	192
Wincanton	...	...	...	...	245	17	263	263
Yeovil...	...	...	...	...	340	48	289	332
Totals	...	...	...	...	3,407	520	3,410	3,729
URBAN.								
Bridgwater	...	...	...	...	351	163	310	429
Burnham	...	...	...	...	136	43	149	152
Chard ...	...	...	...	...	78	30	153	89
Clevedon	...	...	...	...	150	17	125	118
Crewkerne	...	...	...	...	41	—	3	60
Frome ...	...	...	...	...	131	38	276	167
Glastonbury	...	...	...	...	71	6	54	70
Ilminster	...	...	...	...	50	—	4	45
Keynsham	...	...	...	...	73	3	76	112
Minehead	...	...	...	...	89	6	80	76
Norton Radstock	...	...	...	...	206	39	178	182
Portishead	...	...	...	...	60	13	83	92
Shepton Mallet	...	...	...	...	47	2	146	82
Street ...	...	...	...	...	88	8	99	78
Taunton	...	...	...	...	412	51	334	479
Watchet	...	...	...	...	48	4	48	31
Wellington	...	...	...	...	107	1	4	97
Wells ...	...	...	...	...	87	5	52	80
Weston-super-Mare	...	...	...	...	458	71	368	532
Yeovil...	...	...	...	...	335	109	397	356
Totals	...	...	...	...	3,018	609	2,939	3,327
County Totals	...	...	...	...	6,425	1,129	6,349	7,056

VACCINATION.

Number of persons vaccinated (or re-vaccinated) in the year ended 31st December, 1954.

RURAL DISTRICTS

Age groups.	Under 1		1		2 to 4		5 to 14		15 or over		Totals	
	P	R	P	R	P	R	P	R	P	R	P	R
Axbridge	111	—	3	—	3	2	3	9	8	49	128	60
Bathavon	78	—	5	1	5	6	6	6	7	25	101	38
Bridgwater	107	—	7	—	6	—	3	5	13	28	136	33
Chard	82	—	3	—	—	1	1	4	4	18	90	23
Clutton	37	—	6	—	2	—	—	3	2	8	47	11
Dulverton	27	—	1	—	1	—	1	1	2	5	32	6
Frome	39	—	2	—	4	—	—	—	2	13	47	13
Langport	107	—	3	—	9	1	2	4	2	20	123	25
Long Ashton	180	—	7	1	7	2	11	6	18	64	223	73
Shepton Mallet	51	—	—	—	6	—	4	1	1	7	62	8
Taunton	113	—	9	—	10	1	2	4	13	27	147	32
Wellington	72	—	5	—	3	—	2	—	6	7	88	7
Wells	45	—	3	—	—	—	2	—	—	9	50	9
Williton	101	—	10	1	9	3	6	13	6	35	132	52
Wincanton	135	—	5	—	4	—	4	4	4	23	152	27
Yeovil	202	—	9	—	9	1	9	3	3	37	232	41
Totals	1487	—	78	3	78	17	56	63	91	375	1790	458

URBAN DISTRICTS

Age groups.	Under 1		1		2 to 4		5 to 14		15 or over		Totals	
	P	R	P	R	P	R	P	R	P	R	P	R
Bridgwater	95	—	6	—	4	—	12	2	12	24	129	26
Burnham	49	—	2	—	3	—	2	2	8	20	64	22
Chard	57	—	1	—	2	—	1	3	5	6	66	9
Clevedon	89	—	2	—	3	1	8	7	7	35	109	43
Crewkerne	32	—	—	—	—	—	—	1	—	5	32	6
Frome	43	—	5	—	—	—	7	2	10	18	65	20
Glastonbury	35	—	—	—	2	—	1	7	2	6	40	13
Ilminster	25	—	1	—	2	—	—	—	2	3	30	3
Keynsham	32	—	—	—	1	—	3	—	6	7	42	7
Minehead	45	—	—	—	3	2	—	2	5	24	53	28
Norton Radstock	27	—	2	—	4	—	3	4	4	16	40	20
Portishead	59	—	15	—	13	—	6	1	18	31	111	32
Shepton Mallet	22	—	1	—	1	—	—	—	—	—	24	—
Street	21	—	—	—	1	—	2	—	7	5	31	5
Taunton	173	—	11	—	8	3	13	12	42	140	247	155
Watchet	12	—	—	—	1	—	—	—	2	4	15	4
Wellington	66	—	4	—	2	—	4	—	9	9	85	9
Wells	19	—	1	1	—	1	—	2	2	8	22	12
Weston-super-Mare	136	—	14	—	10	1	22	9	18	68	200	78
Yeovil	199	—	11	—	7	—	4	7	4	21	225	28
Totals	1236	—	76	1	67	8	88	61	163	450	1630	520
County Totals	2723	—	154	4	145	25	144	124	254	825	3420	978

P. — Primary Vaccination. R. — Re-vaccination.

AMBULANCE SERVICE

The service continues to run through the agency arrangements with the St. John Ambulance Brigade and the British Red Cross Society and the help received from these organisations is appreciated. It is true, however, that this assistance is diminishing, particularly during the day-time when the major portion of the work occurs, and for this reason and because the demands made on the service are still expanding, it has been necessary to increase the number of paid staffs employed in the County from 59 at 31st December, 1953 to 65 at 31st December, 1954. The position at 31st December was as follows :—

Ambulance Station.			Station Officer	Head Driver	Driver/Attendant
SOMERSET COUNTY COUNCIL					
Paulton...	...	...	—	—	1
Winscombe	...	...	—	—	1
			—	—	<u>2</u>
ST. JOHN AMBULANCE BRIGADE					
Bridgwater	...	...	—	1	2
Clevedon	...	...	—	1	6
Glastonbury	...	...	—	1	5
Winehead	...	...	1	—	5
Norton Radstock	...	...	—	1	3
Wellington	...	...	—	—	1
Weston-super-Mare	...	...	1	1	9
			<u>2</u>	<u>5</u>	<u>31</u>
BRITISH RED CROSS SOCIETY					
Castle Cary	...	...	—	1	2
Shepton Mallet	...	...	—	1	2
Taunton	...	...	1	1	11
Yeovil	...	...	—	1	5
			<u>1</u>	<u>4</u>	<u>20</u>

Totals all Stations :—

3 Station Officers
9 Head Drivers
53 Driver/Attendants

At 31st December, 1954, the vehicle establishment was as follows :—

	Ambulances	Sitting-case Ambulances	Cars	Total
At S.J.A.B. Stations	29	5	10	44
At B.R.C.S. Stations	13	4	9	26
At S.C.C. Stations	—	1	1	2
Reserve	4	—	1	5
				<u>77</u>

The calls on the service continue to rise and whilst the rate of increase appears to have dropped slightly there is still no indication that the peak demand has been reached. The following table gives the position for 1953 and 1954 :—

	Patients.	Journeys.	Miles.	Average distance travelled per patient.
1953				
Ambulances ...	33,935	15,239	384,714	11.34
Sitting-case Ambulances ...	26,143	3,564	202,850	7.76
Cars ...	59,583	17,138	493,529	8.28
Totals — Service Vehicles ...	119,661	35,941	1,081,093	9.03
Hospital Car Service ...	6,427	2,108	53,360	8.30
Private Hire ..	7,695	1,998	62,341	8.10
All Vehicles ...	<u>133,783</u>	<u>40,047</u>	<u>1,196,794</u>	<u>8.95</u>
1954				
Ambulances ...	36,717	15,451	386,375	10.52
Sitting-case Ambulances ...	33,743	4,526	247,834	7.30
Cars ...	63,657	15,828	522,279	8.20
Totals — Service Vehicles ...	134,117	35,805	1,156,488	8.62
Hospital Car Service ...	6,217	2,081	53,277	8.57
Private Hire ...	5,345	1,438	45,453	8.50
All Vehicles ...	<u>145,679</u>	<u>39,324</u>	<u>1,255,218</u>	<u>8.62</u>

It will be seen from these figures that the mileage run has not increased in the same proportion as the number of patients carried, and that there has been a drop in the average miles travelled per patient in each of the three categories of vehicle operating at Ambulance Stations. There is no doubt that this has been brought about largely by the extended use of radio in the control of vehicles.

Hospital Car Service and Private Hire Service. As will be seen from the details given, the use of the Hospital Car Service has continued at approximately the same level whereas the use of Private Hire has dropped. Both services do, however, provide valuable assistance, particularly in areas where cover from an Ambulance Station is not always easy or economical.

Rail travel. The utmost use has been made of the facilities provided by British Railways for the conveyance of patients, and during the year a total of 1,109 patients travelled by rail a distance of 109,695 miles. Nearly 220,000 miles by road were thereby saved. The following figures show the position :—

	Stretcher		Sitting	
	Cases	Mileage	Cases	Mileage
March quarter	31	3,805	194	17,683
June quarter	48	5,335	223	22,042
September quarter	46	5,403	279	27,419
December quarter	33	3,936	255	24,072
	158	18,479	951	91,216
Total cases	1,109		Total mileage	109,695

We are indebted to the large number of volunteers who, in connection with rail travel, so willingly act as escorts. On only extremely rare occasions is it necessary to send a member of the paid staff with a patient.

Radio Control. During the year the use of radio was extended by the equipment of a further 20 vehicles and the other two Group Control Offices. The Glastonbury Group operates through the transmitter situated at Charterhouse-on-Mendip which is already used by the Weston-super-Mare Control, whereas the Ambulance Group Office at Yeovil is equipped with a base station, the aerial for which is mounted on a mast situated in the grounds of Summerlands Hospital. There is a line from the Group Office to the Yeovil Ambulance Station so that operation is possible during periods when the Group Office is closed.

It is, of course, difficult in a service such as in Somerset where the maximum use is made of volunteers to estimate what savings have been obtained by the introduction of radio, but it is clear that the installation has enabled us to meet the additional demands with only limited additions to staff and vehicles and to overcome the difficulties arising from the falling off in the number of voluntary personnel available during the day. At the end of the year breakdowns were encountered due to failure of electrical power or in the land telephone line connecting the Control with the transmitter, and it was very evident on these occasions that without radio control there were neither enough vehicles nor Driver/Attendants available to maintain the service. For this reason consideration is being given to the possibility of providing some form of cover by alternative base equipments.

It is, I consider, true to say that the financial saving brought about by the introduction of radio is considerable. It has also made possible a much closer link between the Ambulance and the Hospital Services, and this is much appreciated on the Hospital side. In emergencies Casualty Wards are warned and where difficulties arise out-patient departments are immediately informed. With its aid, too, the liaison which has always been good with the Bath and Bristol City Ambulance Services has been improved. Further, there have been reports that radio has been largely instrumental in the saving of life. There is no doubt that the efficiency of the service has been greatly improved since radio was first installed.

Vehicles. During the year the following new vehicles were provided.

Type of Vehicle.	Stationed at.	Replacement or Additional.
Ford Consul Car	Clevedon	Replacement
Ford Consul Car	Shepton Mallet	Replacement
Bedford/Lomas Sitting-case Ambulance	Taunton	Additional
Bedford/Lomas Ambulance	Taunton	Replacement
Bedford/Lomas Ambulance	Clevedon	Replacement
Bedford/Lomas Ambulance	Minehead	Replacement
Bedford/Lomas Ambulance	Yeovil	Replacement
Commer/Lomas Ambulance	Norton-Radstock	Replacement

The Bedford/Lomas Sitting-case Ambulance is of a new design built on the Bedford 10-12 cwt. chassis. It has proved most satisfactory and, with a view to meeting the needs at one of the smaller stations, approval has been given to the provision of an ambulance built on this chassis in the next financial year.

Premises. There have been no changes in premises occupied. Work commenced on the

new station at Castle Cary on 30th November, but, unfortunately, due to the very inclement weather progress during the early stages was extremely slow.

At Glastonbury negotiations are still proceeding with a view to the purchase of a site suitable for the erection of an Ambulance Station and Group Office.

Consideration is also being given to the partial rebuilding and extension of the Ambulance Station premises at Musgrove Park Hospital, Taunton, and at the meeting of the Ambulance Sub-Committee held in November, 1954, approval was given in principle to a suggestion made by the St. John Ambulance Brigade that a site should be found in Weston-super-Mare on which an Ambulance Station and Group Office could be built by the County Council and a new St. John Headquarters provided by the Brigade. The present Station in Oxford Street, Weston-super-Mare, is not large enough to house the vehicles now needed, and, in addition, with the increasing volume of traffic the position of the station is proving inconvenient.

Training – Ambulance Services Competition. During the year the South Western Region of the National Association of Ambulance Officers organised the second Competition for Ambulance personnel regularly employed in the day-to-day Service. Teams again consisted of three members. Somerset entered a team and in the County Eliminating Competition which was held on 11th September the team from Minehead were successful by the narrow margin of one mark over the second team from Taunton. At Plymouth in the Regional Competition Minehead repeated their success of 1953 and won with a total of 323 marks out of a possible 400. Minehead are to be congratulated on their success which reflects favourably upon the Somerset Service.

It is understood that in 1955 the National Association of Ambulance Officers is considering the possibility of organising a Competition on a National basis. These Competitions provide a valuable incentive to training and efficiency.

Civil Defence. The training of volunteers in the Ambulance and Casualty Collecting Section has continued and members have taken part in exercises which have been arranged.

At Taunton, members from a wide area assisted in the Exercise "Monmouth" which was arranged with the co-operation of the Home Office Experimental Mobile Column.

At 31st December there were approximately 450 volunteers enrolled in the Ambulance and Casualty Collecting Section of the Civil Defence Corps.

I am happy to report again that during the year complaints have been few and have been far out-numbered by the expressions of appreciation received.

Our relationship with the Hospitals and with the medical profession generally is excellent and there is full co-operation between the Somerset and the neighbouring Authorities.

PREVENTION, CARE AND AFTER-CARE

Tuberculosis

Dr. C. de W. Kitcat, Consultant Chest Physician, has given me the following report :—

Year				New Pulmonary Notifications	Contacts Seen
1950	...	...	...	456	1,318
1951	...	...	...	449	1,364
1952	...	...	...	422	1,424
1953	...	...	...	396	1,587
1954	...	...	...	378	1,746

The drive to find and treat all cases of tuberculosis continued with increased momentum as shown by the increase in the number of patients attending clinics and the increased number of contacts investigated and kept under observation. At the same time there was a further satisfactory decrease in the number of new cases notified since 1951, new notifications have diminished each year by about 20 — in 1954 the decrease being 18. It is becoming popular to forecast the final and early eradication of tuberculosis in this country and a period of five years to achieve this was being mentioned. While we now have the means at our disposal to achieve this end we shall only do this by redoubling our efforts and I think it is premature and dangerous to assume we are so near to final success. I hope I am wrong but I suspect that tuberculosis, though steadily diminishing, will continue to smoulder on for some time — particularly in big industrial and sea-port towns and that movement of population will continue to re-infect the more tubercle free areas. One other warning which the public should note is that while the new drugs, particularly streptomycin, have revolutionised the treatment of tuberculosis, permanent arrest of the disease does not necessarily occur and a certain number of patients will still suffer a recurrence of their disease requiring return to hospital a year or two after their original treatment.

Chest Hospitals. For the whole of the year there were vacancies for both sexes at all the hospitals and advantage was taken of this to bring back a number of old chronic cases for re-assessment and further treatment by the latest methods. This is largely the reason for the increase in the number of patients given sanatorium treatment.

Chard Chest Hospital. As reported last year it was becoming obvious that this hospital was no longer required for tuberculous patients and the proposal to close it sometime in 1955 was brought to a head by a majority of the nursing staff giving notice just before Christmas. This did not cause any administrative problems as vacancies existed in the other hospitals to take the Chard patients.

Chest Clinics : Wincanton has always been a very small clinic with latterly an attendance of 1 — 3 patients only per session. Patients also have had to go to Yeovil Hospital for X-rays and other investigations. It was therefore decided to close this clinic at the end of the year and in 1955 patients would attend the Chest Clinic at Yeovil Hospital.

Glastonbury. It has not been possible to make arrangements for X-rays in this area and patients have had to go to the Bridgwater Clinic for this in the past. At the end of December the Glastonbury Clinic was closed and patients now attend the Bridgwater Clinic where the disadvantage of the longer 'bus ride is offset by the weekly, instead of fortnightly, clinic, X-rays on the spot and the resulting ability to tell the patient at once on his first attendance whether or not his X-ray shows an abnormality.

Chard. As the hospital is likely to continue as a hospital for some purpose other than the

treatment of tuberculosis and X-rays will continue to be available, it is proposed to continue the Chard Chest Clinic in the same premises as before.

Staff Changes. Dr. D. B. Pascall retired in March on reaching the age limit and in November, Dr. J. R. Sinton, formerly Deputy Medical Superintendent of Baguley Sanatorium, Manchester, took over his duties.

Chest Surgery. In the latter part of the year additional beds were made available at Bristol and as a result the waiting list has been cleared and in future it is hoped that patients awaiting surgical operations will not have to wait for more than a few weeks.

Collapse Treatment is nowadays carried out to a much smaller extent and in particular artificial pneumothorax treatment has almost disappeared, its place having been taken by the surgical operation of lung resection (the removal of the diseased portion of the lung) or thoracoplasty (an operation producing permanent relaxation and rest of diseased portion of the lung). Thus the number of primary inductions of pneumothorax and pneumoperitoneum were reduced though the number of refills increased as the treatment once started is kept up for 3 – 4 years.

	At dispensary or home of patient.	At institutions.	Total.
Primary inductions	—	45	45
Refills... ..	6,222	2,823	9,045

The new cases seen numbered 5,216 and were classified as follows :—

Pulmonary Tuberculosis—

T.B. Negative	200
T.B. Positive Stage 1	43
T.B. Positive Stage 2	94
T.B. Positive Stage 3	22
	<hr/> 359

Non-Pulmonary Tuberculosis—

Bones and Joints	4
Abdominal	7
Other Organs	9
Peripheral Glands	10
	<hr/> 30

Not Tuberculous	4,697
Diagnosis not complete on 31st December, 1954	130
	<hr/> <hr/> 5,216

During 1954 sanatorium treatment was given to 706 cases—an increase of 179 and 813 Milk Grants were made. Shelters in use at the end of the year were 34.

Quantock Chest Hospital. The Physician Superintendent, Dr. B. J. D. Smith, has furnished the following report :—

The Chest Hospital has continued to have allocated 111 beds (66 male and 45 female). Of these 46 were not in use at 31st December, 1954; 12 male beds were closed for lack of staff, 28 male and 6 female beds were unoccupied. The average occupancy for the year was 67.6 compared with 82.6 for 1953.

Admissions for the year :	Men 70.	Women 63.	Total 133.
Discharges for the year :	Men 81.	Women 52.	
Deaths during the year :	Men 2	--	Total 135.
			(Compared with 138 for 1953)

The mainstay of treatment continued to be bed rest and fresh air, helped by chemotherapy with P.A.S., I.N.H., and injections of streptomycin.

Collapse therapy continued to be used.

Artificial pneumothorax inductions numbered	...	...	...	...	9
Pneumoperitoneum inductions numbered	...	...	...	...	9
Number of refills given : In-patients	753				
Out-patients	134	...	...	...	887

There were 9 cases referred to other units for thoracoscopy, adhesion section being possible in 5 cases.

Patients were admitted from Frenchay Hospital for convalescence and physiotherapy, following thoracoplasty or resection operations. These numbered 17.

The number of radiological examinations was	1,099
The number of physiotherapy treatments was	5,522

Chard Chest Hospital. The Physician Superintendent, Dr. J. R. Sinton, has furnished the following report :—

The Chard Chest Hospital and Chest Clinic have continued to serve the towns of Chard and Ilminster and the adjoining districts. 1954 saw the retirement of Dr. D. B. Pascall who had been Medical Officer in charge since the hospital opened in 1935, and the end of the year witnessed the closure of the hospital as a sanatorium, due, primarily, to lack of nursing staff, and it has now been partly converted to the care of the aged infirm.

54 patients (33 men and 21 women) were admitted. 63 patients (30 men and 33 women) were discharged, and in this year there were 3 deaths (2 male and 1 female) from pulmonary tuberculosis.

The Chard Chest Clinic functioned in the hospital with two sessions, one for out-patient consultations where patients were seen for general practitioners, as well as the normal post-sanatorium supervision of cases of tuberculosis, the examination of their contacts and B.C.G. vaccination of susceptible persons. A weekly refill session catered for patients undergoing out-patient pneumothorax and pneumoperitoneum treatment. There were 1,020 out-patient attendances during the year.

Replacement of X-ray equipment at Chard is long overdue and many patients have had to be referred to Taunton and Yeovil for satisfactory examination, but it is hoped that this defect will be remedied during 1955.

Taunton Chest Hospital. The Visiting Chest Physician, Dr. T. P. Pattinson, has furnished the following report :—

The total number of beds was increased from 36 to 46 on 20th February but in spite of this there have not been many empty beds during the year.

Admissions :	Men 43.	Women 46.	Total 89.
Discharges :	Men 31.	Women 43.	Total 74.
Deaths :	Men 5.	Women 4.	Total 9.

These figures show a substantial increase on the previous year when the corresponding figures were :—

Admissions :	Men 23.	Women 36.	Total 59.
Discharges :	Men 20.	Women 37.	Total 57.
Deaths :	Men 4.	Women 1.	Total 5.

Bed rest, streptomycin, P.A.S. and I.N.H. continued to play a prominent part in treatment. The minor surgical measures, such as phrenic crush, artificial pneumothorax and pneumoperitoneum have not been used as frequently as previously, only 8 inductions and 525 refills being done.

There has been a corresponding increase in major surgical treatment, 14 patients receiving this treatment, all in Frenchay Hospital. It seems certain that surgery will play an ever increasing role in the treatment of lung tuberculosis.

Compton Bishop Children's Home. During the year 28 boys and 21 girls were admitted and of these 26 boys and 15 girls were under 10 years of age. The average stay for "definite" (notified) cases was 28 weeks and for observation cases 21 weeks. The discharges numbered 53, 33 boys and 20 girls, who will be kept under regular supervision at convenient chest clinics.

Cases of Tuberculosis not brought to the knowledge of the County Medical Officer of Health until after death.

There were 13 cases of tuberculosis during 1954 which were not formally notified before death. These cases were in two categories as follows.

1. Diagnosed after Post Mortem examination.

7 male pulmonary cases, ages ranging from 53 to 79 years.

2. Diagnosed on a doctor's certificate.

2 male and 2 female pulmonary cases, ages ranging from 26 to 79 years.

1 male and 1 female non-pulmonary case, aged 79 and 62 respectively.

No investigation was called for as far as the cases in category 1 were concerned, as tuberculosis was established in all these instances by post mortem examination.

In category 2, the doctors who had signed the death certificates were invited to submit brief details of the case histories. The conclusion drawn from this investigation is that not enough care is taken to ensure that the statutory obligations of the Public Health (Tuberculosis) Regulations, 1952, are complied with as far as notification is concerned. The duty of notification should be impressed on all doctors and hospitals dealing with tuberculous patients. The working of the domiciliary side of the Tuberculosis Service in Somerset depends on the prompt notification of all new cases. Failure to notify means no visit from the health visitor and possible consequent delay in the examination of contacts.

Mass Radiography. During 1954 the Mass Radiography Unit has again been active in Somerset and has visited a number of centres. The results of the surveys are given below.

The attendances totalled 31,254, of which 18,145 were males and 13,109 females. The

attendances last year were 31,047. From the surveys it was found that 54 persons, 30 male and 24 female, had active tubercular lesions. These figures are interesting as although the total number of cases seen this year is roughly the same as last year, the number of persons found with active tuberculosis is half. Of the new cases found 5 were referred to their own Doctors, 30 to Chest Clinics and 19 were admitted to Sanatorium. In addition to the above, there were 330 (222 male and 108 female) inactive tubercular conditions found and in 177 of these no action was required. Of the remainder, 41 were referred to their Doctors, 111 are being kept under supervision at Chest Clinics and one is in a Sanatorium. The incidence by age groups of both active and inactive cases are shown in the table given below.

Analysis of Tuberculous Cases.

			Under 15	15-24	25-34	35-44	45-59	Age 60 and over	Total
ACTIVE TUBERCULOSIS									
Male	6	11	6	3	4	30
Female	9	7	4	2	1	24
Total	15	18	10	5	5	54
INACTIVE TUBERCULOSIS									
Male	20	42	55	79	17	222
Female	17	19	23	27	11	108
Total	37	61	78	106	28	330

In these figures are included school children seen during the year who numbered altogether 3,477. Full details of these are given in my report as Principal School Medical Officer but it should be noted that two active cases were found amongst children and 18 inactive, all of which are being dealt with appropriately. Sanatorium treatment was not required in any instance.

Included in the report of the Unit is a long list of other conditions which were found, amounting in all to 426.

TABLE VII
Tuberculosis Death Rates

Year	Phthisis Death rates			Other Tuberculosis Diseases			Tuberculosis Death rate
	Rural	Urban	County	Rural	Urban	County	County
1945	0.32	0.40	0.36	0.06	0.07	0.06	0.426
1946	0.32	0.39	0.36	0.10	0.05	0.08	0.436
1947	0.29	0.41	0.34	0.11	0.09	0.10	0.443
1948	0.28	0.36	0.32	0.08	0.04	0.06	0.377
1949	0.23	0.37	0.29	0.04	0.04	0.04	0.335
1950	0.19	0.28	0.23	0.05	0.04	0.04	0.275
1951	0.18	0.24	0.21	0.02	0.02	0.02	0.229
1952	0.19	0.21	0.20	0.02	0.02	0.02	0.228
1953	0.13	0.16	0.14	0.01	0.01	0.01	0.157
1954	0.14	0.13	0.13	0.01	0.02	0.02	0.151

TABLE VIII

New cases of tuberculosis and deaths from the disease in the County during 1954

Age Periods	New cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0-1 ...	1	0	0	1	0	0	0	0
1-5 ...	3	5	3	3	0	0	0	1
5-10 ...	7	11	6	3	}	0	1	0
10-15 ...	6	9	2	2		9	0	0
15-20 ...	14	17	0	7		2	4	2
20-25 ...	31	36	2	4	}	9	1	0
25-35 ...	41	51	4	4		3	0	0
35-45 ...	24	27	2	2		4	0	0
45-55 ...	28	15	1	4	}	3	0	0
55-65 ...	23	5	1	3		3	0	0
65 and upwards	22	2	0	0		3	0	0
Totals	200	178	21	33	49	16	5	3

TABLE IX

Tuberculosis Notifications and Deaths, 1954

URBAN DISTRICTS	Primary cases notified		Deaths during the year from Pulmonary Tuberculosis	Deaths during the year from other varieties of Tuberculosis	RURAL DISTRICTS	Primary cases notified		Deaths during the year from Pulmonary Tuberculosis	Deaths during the year from other varieties of Tuberculosis
	Pulm.	Non-Pulm.				Pulm.	Non-Pulm.		
Bridgwater ...	16	1	3	0	Axbridge ...	22	2	6	1
Burnham ...	8	0	0	0	Bathavon ...	15	5	1	0
Chard ...	11	2	0	0	Bridgwater ...	11	1	3	0
Clevedon ...	5	3	2	0	Chard ...	9	1	2	0
Crewkerne ...	2	1	0	0	Clutton ...	12	3	1	0
Frome ...	5	1	0	1	Dulverton ...	3	0	1	0
Glastonbury ...	8	0	0	0	Frome ...	5	3	0	0
Ilminster ...	1	1	1	0	Langport ...	9	1	2	1
Keynsham ...	14	0	1	0	Long Ashton ...	18	1	4	0
Minehead ...	3	0	3	0	Shepton Mallet	8	1	0	0
Norton-Radstock	13	3	2	0	Taunton ...	18	3	5	0
Portishead ...	1	0	0	0	Wellington ...	7	1	0	0
Shepton Mallet	6	0	0	0	Wells ...	16	3	8	1
Street ...	3	0	0	0	Williton ...	10	1	0	1
Taunton ...	29	5	6	1	Wincanton ...	7	3	2	0
Watchet ...	3	0	0	0	Yeovil ...	6	3	0	0
Wellington ...	1	1	2	0					
Wells ...	11	0	2	0					
Weston-s-Mare	33	0	3	0					
Yeovil ...	29	4	5	2					
Totals ...	202	22	30	4	Totals ...	176	32	35	4

TABLE X
Admissions to Chest Hospitals during 1951

Sanatorium	Men	Women	Children	Total
Quantock	70	63	—	133
Chard	33	21	—	54
Taunton	43	46	—	89
Musgrove Park ...	87	—	—	87
Compton Bishop ...	—	—	49	49
Bath Orthopaedic Hospital	6	5	5	16
Other non-county beds ...	160	114	4	278
	399	249	58	706

TABLE XI
Chest Clinic Attendances

	Total Chest Clinic attendances		
	1952	1953	1954
Bath (County)... ..	1,230	1,337	1,076
Bridgwater	3,331	4,645	5,816
Bristol... ..	520	484	536
Chard	1,035	986	1,020
Clevedon	868	573	408
Glastonbury	385	396	365
Minehead	1,235	1,335	1,185
Radstock	756	854	624
Shepton Mallet	197	204	253
Taunton	8,918	7,663	7,887
Weston-super-Mare	4,969	5,026	5,271
Wincanton	216	251	195
Yeovil... ..	1,510	1,571	1,845
Frome	—	—	151
Total ...	25,170	25,325	26,632

Medical Comforts Scheme

The Medical Comforts scheme has continued to be administered on behalf of the County Council by the St. John Ambulance Brigade and British Red Cross Society, who provide the necessary premises for storage of the equipment and the staff for the administration of the scheme. This is an expanding service which serves a most useful purpose in providing a wide range of medical equipment to persons nursed at home, and closest co-operation is maintained between the voluntary workers in charge of depots and the District Nursing Staff. The very small cost of the scheme bears no relation to its value, and is another example of the ready help given in Somerset by voluntary organisations.

The Medical Loan depots provided at the end of 1954 and some details of the service given during the year are shown below :—

	Depots		No. of patients assisted	No. of articles loaned
	Main	Sub.		
British Red Cross Society	12	48	2,140	3,222
St. John's Ambulance Brigade	10	21	795	1,640

Convalescent Homes

Convalescent care of a non-medical kind continues to be provided as in previous years but is still considerably limited in its scope, mainly on financial grounds. It is, however, of considerable value in needy cases, whether children or older people, to be able to provide such care, and, as it were, round off the treatment provided by the hospital, or as often happens, to give a short convalescence to those whose chronic or other illness at home makes the need apparent. I feel sure that this limited though valuable provision does much good in individual cases and it is with considerable regret that we so often have to refuse help in what are now to us border-line cases but which with a more extensive scheme would benefit, as would also indirectly our other services, by the grant of convalescent care.

Provision is made in the scheme for repayment by the individual according to means, although so often with the elderly the circumstances are such that no contribution is payable.

Epileptics and Spastics

In my 1953 report I gave a full account of the ways in which epileptics and spastics are dealt with, and I do not think I can add much that is new. Our methods of ascertaining such cases continue as before and I think are proving adequate. Public attention has been directed towards these unfortunates much more during the year, and particularly to spastics, and a great deal has been done, to help in the provision of proper facilities.

It must be remembered, however, that sentiment often obscures the real problem of these cases and may cause further distress to parents, who already have a heavy burden to bear, by raising a hope which so often cannot be realised. However, it is right that as much as can be should be done and with this in mind these cases are constantly reviewed.

HOME HELP SERVICE

The demand for this service has increased during 1954. For the past three years the cases attended weekly have remained at approximately 1,000, but during the late winter and early spring, there was a sudden rise in applications, due in part to lack of accommodation in chronic sick and other hospitals. This increased demand, coupled with a further rise in the wages of Home Helps and the increased cost of travel, meant that the estimated expenditure was exceeded and it was necessary to issue an instruction that help should be refused to all but the most urgent cases, and that others should be put on a waiting list. Further enrolment of Home Helps to fill existing vacancies also ceased. A supplementary estimate of £4,900 was then allowed, and we were able again to enrol Home Helps and accept further cases. An average number of 1,078 cases are now attended weekly. There still remain certain districts in the county, more especially in the Yeovil and Long Ashton areas, where sufficient help cannot be sent at once owing to lack of personnel.

As the calls on the service increase, so also does the work expected of the area organisers and office staff. Organisers who had 120 to 150 weekly cases on their books in 1950, now have 160 to 180. While the extra case load is compensated to some extent by the fact that the service runs more smoothly as it becomes more established, I feel that this aspect of the service should be borne in mind. 10,326 visits were paid to households by organisers in 1954, compared with 9,403 in 1953. These figures do not include the many visits paid by the voluntary organisers, who continue to give invaluable help, which I acknowledge with gratitude.

The following figures show the number and types of cases attended in the areas during 1954:—

CASES ATTENDED - 1954

		Old Age	Chronic sick aged under 70	T.B.	Post-op	Post-dat.	Post and pre-natal	Families of children	Emergency illness	Total	Total cases for year
WESTON AREA	Ceased	98	53	11	34	51	17	1	45	310)	570
	Cont.	175	56	6	6	2	5	2	8	260)	
MID. NORTON AREA (Radstock, Frome and district)	Ceased	26	21	2	11	61	10	10	—	141)	594
	Cont.	212	84	5	7	3	—	—	—	311)	
(Wells and District)	Ceased	18	18	1	2	21	3	6	—	69)	
	Cont.	49	20	2	2	—	—	—	—	73)	
BRIDGWATER AREA	Ceased	47	25	14	31	69	21	4	57	268)	458
	Cont.	108	62	9	1	—	—	3	7	190)	
YEOVIL AREA	Ceased	50	16	7	11	66	16	13	33	212)	400
	Cont.	123	43	5	3	—	4	4	6	188)	
TAUNTON AREA	Ceased	70	44	8	29	74	34	6	48	313)	462
	Cont.	80	35	10	7	5	4	—	8	149)	
TOTAL :										2,484	

MATERNITY CANCELLATIONS

WESTON AREA	MIDSOMER Norton and Wells district	NORTON AREA Wells district	BRIDGWATER AREA	YEOVIL AREA	TAUNTON AREA
14	19	7	23	14	24
					TOTAL: 101

The number of Home Helps on the register at the end of December was 495, 56 full time and 439 part time. The increased wage rate, while adding to the expense of the service, has also had an effect on recruitment, and has meant that women of the best type are content to remain on the books in spite of the arduous and responsible work expected of them. A high standard is expected, and when the nature and difficulties of the service are taken into account, complaints are remarkably few.

MENTAL HEALTH SERVICES

The Minister of Health has intimated in a Departmental Circular relating to the Annual Reports of Medical Officers of Health for 1954 that the prevention of mental ill-health and the care of the mentally ill and the mentally defective are subjects of growing consideration.

It is with this observation in mind that the following review for the year 1954 of work done in the field of mental health has been prepared. The furtherance of mental health in the community has always occupied an important niche in the administration of the various services of the Somerset County Council, and if there is to be continued progress in this sphere it is perhaps desirable to pause in this year of 1954 and assess the present position. The time is the more opportune when a Royal Commission are hearing evidence on the Law relating to Mental Illness and Mental Deficiency.

The statistical information which follows, while useful in illustrating the amount of work performed during the year, loses value unless seen against the background of personal service and endeavour. These are qualities of immeasurable importance in any social service and without them the data by which one attempts to demonstrate the work in mental health tends to become completely dull and meaningless. It is well therefore to bear in mind that of all the public health and hospital services none is more personal than the medical and social service in mental health.

Administration. At their meeting on the 8th June, 1954, the Health Committee re-appointed the Mental Health Sub-Committee and re-delegated to them all their powers under the Lunacy and Mental Treatment and Mental Deficiency Acts. The Sub-Committee in turn re-elected as Chairman Mrs. N. L. Cooke-Hurle whose experience in Mental Health Administration is probably without parallel. It is interesting to note that Mrs. Hurle gave evidence to the Royal Commission whose recommendations resulted in the Mental Deficiency Act of 1913.

It is therefore with particular pleasure that I pay tribute to the valued and long continued services which Mrs. Cooke-Hurle has given to this work in Somerset.

MENTAL DEFICIENCY

The following table indicates the total number as at 31st December, 1954, of patients for whom supervision and guardianship has been arranged during the year under review :—

				Age 16 and over		Age under 16		Total
				M.	F.	M.	F.	
Statutory Supervision	...	...	10	7	71	43	131	
Voluntary Supervision	...	...	6	7	3	2	18	
Guardianship ...	...	...	10	14	—	1	25	
Total ...				<u>26</u>	<u>28</u>	<u>74</u>	<u>46</u>	<u>174</u>

The following statement relating to Mental Defectives within the County as at the 31st December, 1954, is in the form required to be forwarded to the Board of Control and to the South Western Regional Hospital Board, each year :—

MENTAL DEFECTIVES	During 1954				Total cases on Authority's registers as at 31.12.54			
	Under age 16		Aged 16 and over		Under age 16		Aged 16 and over	
	M.	F.	M.	F.	M.	F.	M.	F.
1. Particulars of cases reported during 1954.								
(a) Cases at 31st December ascertained to be defectives "subject to be dealt with". Action taken on reports by —								
(i) Local Education Authorities on children — ...								
(1) While at school or liable to attend school ...	21	19	—	—	—	—	—	—
(2) On leaving special schools ...	—	—	11	8	—	—	—	—
(3) On leaving ordinary schools ...	45	26	—	—	—	—	—	—
(ii) Police or by Courts ...	—	—	3	2	—	—	—	—
(iii) Other sources ...	1	—	1	1	—	—	—	—
(b) Cases reported but not regarded at 31st December, as defectives "subject to be dealt with" on any ground ...	5	2	7	8	—	—	—	—
(c) Cases reported but not confirmed as defectives by 31st December and thus excluded from (a) or (b)	—	—	—	—	—	—	—	—
Total number of cases reported during the year ...	72	47	22	19	—	—	—	—
2. Disposal of cases.								
(a) Of the cases ascertained to be defectives "subject to be dealt with" number — ...								
(i) Placed under Statutory Supervision ...	64	39	9	3	139	100	291	183
(ii) Placed under Guardianship ...	—	1	—	1	1	6	93	94
(iii) Taken to "Places of Safety" ...	—	—	—	—	1	—	—	—
(iv) Admitted to Hospitals ...	3	5	6	7	75	50	463	484
(b) Of the cases not ascertained to be defectives "subject to be dealt with" number —								
(i) Placed under Voluntary Supervision ...	3	2	6	7	11	7	157	204
(ii) Action unnecessary ...	2	—	1	1	—	—	—	—
Total of Item 2 ...	72	47	22	19	227	163	1004	965
3. Classification of defectives in the Community as at 31.12.54 (according to need at that date) —								
(a) Cases included in item 2(a)(i) to (iii) above in need of hospital care and reported accordingly to the hospital authority —								
(1) In urgent need of hospital care —								
(i) "Cot and chair" cases ...	—	—	—	—	—	—	—	—
(ii) ambulant low grade cases ...	—	—	—	—	2	—	—	—
(iii) medium grade cases ...	—	—	—	—	—	—	—	—
(iv) high grade cases ...	—	—	—	—	—	—	4	—
(2) Not in urgent need of hospital care —								
(i) "cot and chair" cases ...	—	—	—	—	3	4	—	—
(ii) ambulant low grade cases ...	—	—	—	—	4	—	—	1
(iii) medium grade cases ...	—	—	—	—	—	—	—	—
(iv) high grade cases ...	—	—	—	—	—	—	2	—
Total of Item 3 (a) ...	—	—	—	—	9	4	6	1

	Under age 16		Aged 16 and over	
	M.	F.	M.	F.
3. Classification of defectives in the Community as at 31.12.54 (continued) —				
(3) (b) Of the cases included in items 2(a)(i) and (ii) and 2(b)(i) overleaf, number considered suitable for :—				
(i) occupation centre	67	46	18	38
(ii) industrial centre	—	—	—	—
(iii) home training	4	5	21	15
Total of item 3(b)	71	51	39	53
(c) Of the cases included in item 3(b) number receiving training as at 31.12.54 —				
(i) in occupation centre	55	39	16	30
(ii) in industrial centre	—	—	—	—
(iii) at home	2	2	2	8
Total of item 3(c)	57	41	18	38

4. Number of Mental Defectives who were in Hospitals, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1954, who have ceased to be under any of these forms of care during 1954.

	M.	F.	T.
(a) Ceased to be under care	114	53	167
(b) Died, removed from area, or lost sight of	14	20	34
Total	128	73	201

5. Of the total number of mental defectives under Supervision or Guardianship or no longer under care.

(a) Number who have given birth to children while unmarried during 1954 ... 3.

	Males.	Females.
(b) Number who have married during 1954.	—	8

The following is a statement of the number ascertained mental defectives on the register of the Local Health Authority as at the 31st December, 1954. The figures given were supplied to the South Western Regional Hospital Board for comparative purposes and I think illustrate the overall position more clearly than the Annual Return :—

Somerset. Population 485,000. Mental Defective population 2,359.

	Under Age 16		Over Age 16		Total
	M.	F.	M.	F.	
1. In Mental Deficiency Hospitals	74	46	378	394	892
2. On licence from Mental Deficiency Hospitals ...	2	1	65	81	149
3. In places of safety	—	—	—	—	—
4. In State Institutions	—	3	20	9	32
5. Awaiting admission	9	4	6	1	20
6. Under Guardianship	1	6	93	94	194
7. Under Supervision (Statutory and Voluntary) ...	141	103	442	386	1072
TOTAL	227	163	1004	965	2359

Total Columns (1) — (5) as per 1,000 2.2 (1093)

Total Columns (6) — (7) as per 1,000 2.6 (1266)

* Total expressed as rate per thousand 4.8

* It should be noted that with the regionalisation of Hospitals it is probable that the number of patients in Mental Deficiency Hospitals in Somerset includes many patients not ascertained by the Somerset Local Health Authority.

Supervision. As the value of "Statutory Supervision" is sometimes questioned, and because certain technicalities tend to obscure the principles upon which it operates, I have attempted to set out below a brief appraisal of the way in which the supervision of mental defectives arises and is carried out in Somerset. To avoid misunderstanding, I would especially emphasise that patients under Statutory Supervision whatever their age or medical classification, or those patients who are under any form of voluntary supervision are not "Certified" patients. In my view that term should only apply to patients placed under Order under the Mental Deficiency Acts.

The Local Health Authority have a duty by virtue of Section 30 of the Mental Deficiency Act, 1913, "to ascertain what persons within their area are defectives subject to be dealt with..." and (inter alia), "to provide suitable supervision for such persons, or if such supervision affords insufficient protection, to take steps for securing that they should be dealt with by being sent to institutions or placed under guardianship in accordance with this Act..."

Thus the provision of supervision is the outcome of the ascertainment of a mental defective, and guardianship or detention in an Institution only follows if supervision affords insufficient protection. The protection in its widest connotation would seem to me to mean the protection of the patient and/or the public, and an Order by a Judicial Authority specially appointed by the Court of Quarter Sessions is necessary if either Guardianship or Institutional care is to be provided. This entails calling for medical and other evidence, and a patient so dealt with is then said to be "certified".

Thus a clear distinction between Supervision and Guardianship, or detention in an Institution, is made in the Act, and those Officers with Statutory duties to perform are careful to use the expression "certified" in its correct sense. The use of the word "certified" as applied to a defective under supervision is quite incorrect, moreover it tends to mislead and confuse, and is

naturally hurtful to parents who are often loath to regard the adolescent girl or boy as anything more than a little backward in educational ability. It is to be the more deprecated if the term is used incorrectly by otherwise well-informed people.

The "Ascertainment" of the County's mental defective population is a function of the Local Health Authority who act upon information received from :—

- (a) the Local Education Authority who have a duty to notify children at School incapable of education or, who in their opinion, require supervision after leaving school. (Section 57, Education Act, 1944).
- (b) medical practitioners;
- (c) the Courts and the Police;
- (d) the Children's and Welfare Authorities;
- (e) the Maternity and Child Care Authority;
- (f) Hospitals and Clinics;
- (g) private individuals, e.g. parents and guardians;
- (h) Mental Health Services staff; and others.

By far the greater proportion of notifications derive from the Local Education Authority — as many as 81% come from this source at present.

It should, however, be noted that if a person is a defective in the clinical sense no duty is thereby placed upon the Local Health Authority to take any action whatever in the matter, unless, in addition to his defectiveness, he is also "neglected", "abandoned", "ill-treated" or requires care for some other statutory reason (Section 2 Mental Deficiency Act, 1913 as amended). Notification under Section 57 of the Education Act, 1944, is in itself one of these "grounds" upon which ascertainment arises. It is this combination of factors that makes the person "subject to be dealt with" within the meaning of the Act.

It is only at the stage when the Local Health Authority upon receipt of notice to them, decide that supervision is necessary, that they have a duty to "ascertain". Then, and only then, does a person become a mental defective in the legal sense, and "subject to be dealt with". In other words ascertainment is the prerogative of the Local Health Authority from which there is no appeal. Any appeal as regards school children lies to the Minister of Education and has to be made before the case reaches the Local Health Authority, but such appeal only lies if a child is deemed to be ineducable and not if he is referred for supervision after leaving school. An ascertained person is registered by the Local Health Authority and his name cannot be removed from the register except by clear direction of the Local Health Authority.

The term "Statutory Supervision" is an expression which has applied for many years to denote that a person has been duly ascertained as subject to be dealt with and that he is supervised in accordance with the powers and duties placed upon the Local Health Authority under the Mental Deficiency Acts (and amending legislation). It would appear to mean neither more nor less than that, but it does nevertheless indicate that the supervision is obligatory and not open to acceptance or refusal at the discretion of the defective or his family. On the other hand, as the Officers of the Local Health Authority are not given special powers to enforce supervision, its application tends to be persuasive.

In Somerset, Statutory Supervision is carried out by Officers appointed and duly authorised

for the purpose, and entails visiting the defective in his home and place of employment – though the latter is less frequently the case. The patient's welfare and successful adjustment to normal family and community life is the principal object of visitation. Advice is given on social and personal problems. In most cases advice is also given on the choice of suitable employment, and in the cases of school leavers they are helped in the new adjustment which they are having to make in their lives. The help of the Ministry of Labour and National Service is enlisted, and the family doctor is kept informed. On the negative side, it must be mentioned that a duly ascertained mental defective cannot hold a driving licence; he is exempted from military service, and where there is a family history of mental subnormality, he is actively discouraged from association with members of the opposite sex. There is, however, no power to prevent marriage and a patient unless physically or completely mentally incapable (e.g. an idiot) is not disenfranchised.

It is a truism to say that in general, mental defectives mature more slowly than their fellows and tend to settle in the least skilled, though not necessarily the least remunerative, types of employment. Many lead happy and contented lives. Where there is a stable home background and the defect is not gross, these people are not really a serious problem. The reverse is true where the home and general social environment is poor and much could be said of the efforts which are made to improve conditions and to help those young people to live better and happier lives. The schedules of employment details on page 46 illustrate to some degree, the success of the work undertaken in this sphere of the Mental Health Services and show it to be well worthwhile.

The number of defectives coming before Courts charged with criminal offence shows a definite decline and is not unrelated to the effort involved in maintaining a satisfactory community service in mental deficiency. ~~(Details are given under the heading "Delinquency" in this report).~~

Of the defectives excluded from schools, there are 158 at Occupation Centres. Most of these children are under Statutory Supervision, a few having been certified and placed under Guardianship. I refer below to this branch of the Services.

It has been my endeavour to ensure that no supervision is denied for as long as it is needed and is acceptable. As the Local Health Authority only can remove a patient from the register this is done by means of a recommendation from the Senior Medical Officer for Mental Health Services to the Chairman of the Mental Health Sub-Committee, upon consideration of reports of the visiting officers. This takes place when the patient is 17 (sometimes 18) years of age, or 21 years if a further period of supervision is desirable.

Future reviews will take place annually so that only those patients who continue to need supervision are visited. The friendly co-operation between parents, children and the County Council's Officers has, it is hoped, and indeed experience shows that it is so in many cases, helped a little these young people so that "official" action is never called for.

The distribution of cases during 1954 amongst visiting officers was as follows. A considerable proportion of the time of the district Mental Welfare Officers is spent in supervising the male patients, while the female patients are supervised by the Mental Health Visitors. Traveling expense is of necessity a heavy item in this work. The districts, areas and case loads are reviewed periodically and further adjustments are due to be made early in 1955.

District	Officer				Cases
Wells	Superintendent	Mental Welfare	Officer		55
Frome	Mental Welfare	Officer (part-time)			21
Minehead	"	"	"	"	33
Wincanton	"	"	"	"	17
Long Ashton, Clutton	"	"	"		65
Taunton	"	"	"	(Assisted by Trainee)	121
Weston-super-Mare ...	"	"	"		58
Yeovil	"	"	"		72
North Eastern ...	Mental Health	Visitor			87
Central..	"	"	"		112
South Western ...	"	"	"		129
					<hr/> 770 <hr/>

Mention should be made of "Voluntary Supervision", a term which has persisted for many years and is in my opinion properly "After Care". (Section 28 National Health Service Act, 1946).

All patients discharged from Institutional detention or Guardianship are referred to the Local Health Authority for friendly after-care, and statutory supervision cannot be applied.

Consideration has been given to a suggestion that these cases might be referred to the Somerset Association for Mental Welfare who already have a case load of some 400 patients for whom statutory provision has not been continued. The Association undertake visitation, where necessary, through their voluntary visitors and thus a very useful link is maintained between the former patient and his family, and an organisation which will help him if the need arises.

It is found that official action is rarely needed in the cases of patients referred to the Association but records and case histories are available for use in my Department when required.

Further, the Association are represented upon the Occupation Centre Committees and as many statutorily supervised patients attend the Centres they are able to help in many ways where assistance from an official source is not always possible.

Until recently many difficulties arose upon the delivery to the parents of school-leavers of the formal letter from the Chief Education Officer. The Education Committee have now rendered the letter less formal, and though probably not unimpeachable in the legal sense, it is nevertheless more human. Those Officers who had to deliver the earlier formal document are grateful for the change and the effect is already being felt – to the good.

With an ascertained mentally subnormal population of approximately three per thousand the problem in Somerset is perhaps not greater than elsewhere. The National figure was 2.6/1,000 in 1952. The Senior Medical Officer assesses the needs of each child for whom supervision is provided and instructs as to the action to be taken. In fact every case is dealt with on its merits. In the main the scheme works smoothly and the Officers are seldom unable to carry out their statutory duties by active obstruction. Theirs is not an easy task and the progress I am able to record is a testimony to their friendliness, tact and efficiency.

I think that there is every reason to believe that the work the Mental Health Service staff are doing in this field of community care will continue to show good results. If it were possible to measure Supervision in terms of human happiness one might seek the answer in fewer misfits in employment, more amenable patients and therefore happier home-lives for them and their families;

fewer crimes by this type of person and generally a local community where the incidence of sub-normality does not materially affect the standard of living and comfort of the majority.

Employment. The following gives a broad indication of the various types of employment in which patients under Statutory Supervision and Guardianship are engaged in the County :—

Occupation	Supervision		Guardianship		Total M. and F.
	M.	F.	M.	F.	
Agriculture	103	2	7	—	112
Boot repairing	2	—	—	—	2
Brickworks	7	—	—	—	7
Building	24	—	2	—	26
Catering	5	6	1	—	12
Domestic	3	40	1	11	55
Engineering	15	—	—	—	15
Factory	22	33	—	1	56
Food manufacture	12	8	—	—	20
General labouring	47	—	2	—	49
Gloving	2	4	—	1	7
Hairdressing	—	1	—	—	1
Laundry	1	9	—	—	10
Leather worker	6	1	—	—	7
Mining... ..	7	—	—	—	7
Odd jobs	6	5	4	—	15
Painting and Decorating	1	—	—	—	1
Paper Mills	5	5	—	—	10
Part-time workers	2	3	2	—	7
Printing	3	—	—	—	3
Shop assistants	7	3	—	—	10
Textiles	4	13	—	—	17
Window cleaning	1	—	—	—	1
H. M. Forces (removed from list upon acceptance)	5	—	—	—	5
Totals	290	133	19	13	455

ANALYSIS

Gainfully employed	455	Statutory Supervision	714
At Occupation Centres	154	Guardianship	194
Unemployed (including those of school age)	299		
Total	908	Total	908

Guardianship. Whatever may have been the intention of the draftsmen of the Mental Deficiency Act, 1913, there is little doubt that Statutory Guardianship schemes are the outcome of a desire by Local Health Authorities to fulfil their duty by care, protection and where possible training of Mental Defectives in their own homes, or in specially selected homes, instead of sending them to Colonies or Hospitals. Thus the Authority is able to provide those additional services required by the patient or his family, which cost money, and which could not be provided if the patient were under Statutory Supervision. Such services include a weekly maintenance grant, the provision of clothing and footwear, special medical attention by Mental Health specialists, speech and occupational therapy, and any special need which may arise.

Guardianship may be said to be a corollary of institutional care in relation to the defective for as the Law now stands an Order by a Judicial Authority is necessary to establish each Guardian and to vest in him, or her, the power of control over the patient and to empower and enable the authority to make all the necessary arrangements. The powers and duties of Guardians are set out in the Mental Deficiency Regulations, 1948, and one particular point is worthy of note. A "Guardian" has all the power over a defective irrespective of the defective's age as if he were a child of not more than 14 years. One of the advantages of the Guardianship scheme in Somerset lies in the facility by which patients still requiring statutory care and control may be transferred as between the Hospitals and their homes other than by licence. Indeed the scheme runs parallel in the community with the Hospital service. As regards interchangeability a happy arrangement between the Authority and the Hospitals has enabled patients under Guardianship to be received into Hospitals at very short notice, when they have become unsuitable for continued community care and conversely, has provided a suitable medium for the reception of patients who although not suitable for discharge from Order are yet well able to live in the community in a protected environment under the statutory care of the Local Health Authority.

It should be noted that since 1950 the National Assistance Board have assumed financial responsibility for weekly grants in all but ten of the cases, a consequent reduction in cost to the Council is approximately £6,000 per annum.

No. of Patients	Medical Visits	Lay Visits	Cost of clothing and maintenance
194	194*	1,000 approximately	£1,170

* Article 76 M.D. Regulations, 1948 — special medical visits and reports are not accounted for.

Each patient under Guardianship is visited at least once a year in accordance with the Mental Deficiency Regulations by a Medical Officer, and not less than four times annually by the Mental Welfare Officer, or Mental Health Visitor, concerned. In practice most patients are visited more frequently. Assistance is also arranged locally through the family doctors, the Health Visitors, District Nurses, the Red Cross Society and the Somerset Association for Mental Welfare, in all cases where such additional help is needed. Periodical visits are also made by the Inspectors of the Board of Control.

There is no doubt that in Somerset at least 150 vacancies in the already overcrowded mental deficiency institutions have been saved by the continuance of the Guardianship Scheme. In this respect while the burden is upon the County rates, the scheme must result in a high potential saving to the Hospital Service. In all cases consideration is given to the possibility of Guardianship if supervision affords insufficient protection, and I am glad to report that only in the cases

of those patients who urgently need Hospital care and training, and who cannot be satisfactorily maintained in the community, are institutional vacancies sought.

It will be noted that one of the recommendations made to the Royal Commission on Mental Health legislation relates to the establishment of special Homes or Hostels at which young patients could be placed and maintained with a view to a short period of training before employment. If such a scheme were possible without certification of the patients concerned this would doubtless be very helpful. At present it seems doubtful if there is authority to incur expenditure other than upon visitation for patients under Statutory Supervision, although certain County Borough authorities have, I understand, interpreted the Act so as to meet this technical difficulty.

Illegitimacy. During the year the incidence of illegitimate pregnancies amongst mentally defective young women increased slightly though the figures are not alarming. Some comment on the position is nevertheless desirable.

In most cases when the unfortunate affair comes to light there is immediate heart searching by those who ask whether it is fair to deprive the young mother of her liberty simply because she has had an illegitimate child — and not infrequently legal aid has been sought to defend the defective's parents who refuse consent to an Order for institutional care, training and protection even though this may be manifestly in the defective's best interests. To those who realise that a mentally defective patient is incapable of managing himself (or herself) or his affairs, and needs care, supervision or control in his own interest or in the public interest, it is abundantly clear that the responsibility of bringing up children, much less the wider responsibilities of marriage if such is offered,, is far too great for such limited mental and social capacity.

In such cases, every effort has to be made to provide both for the unfortunate defective mother and for the tiny child. Even in this day and generation of advanced social services, children of defective parents are likely to grow up in an environment of hopeless muddle and mismanagement which so readily becomes tragedy — so that if no action is taken neither mother nor child receive proper care and attention. One cannot assume for a moment that mental deficiency in the parent is the child's legacy in life, although heredity is an important element but inevitably the authority have a double problem with which to contend.

A feeble-minded parent, sometimes cruel by nature, often cruel by ignorance or foolishly over-indulgent, is quite unfit to care for and train children of tender years, and whilst some could do so with strict supervision, the measure of such supervision, although otherwise excellent, rarely meets in full the needs of these unfortunate people.

It is a question not only of expediency but of public policy supported by Statutory requirements that the necessary care and protection of these young people should be provided. The defective mother, who is frequently found to be more sinned against than sinning, is admitted to a suitable "Place of Safety" e.g. in a Hospital or Institution or Special Home, where she will be looked after and trained. It is the experience of the Officers concerned that they respond quite well in a protected situation after training and are later able to take their place again in the community as less vulnerable members of society. In most cases the children born to defectives are taken into care through the good offices of the Children's Committee.

Licensed Patients. The Sandhill Park Hospital Management Committee whose five institutions are in Somerset provide their own Social Service by which the patients placed out on licence are supervised. The officers of the County Council have, however, undertaken the supervision of some patients on licence in the County from other Institutions, Hospitals and Colonies.

It should be mentioned that the supervision of a licensed patient entails frequent visiting, investigation into health matters, employment, wages and general welfare in liaison with the Medical Superintendent and Staff of the Hospital concerned as well as with the homes and/or employers of the patients. The work is carried out on an agency basis by the Local Health Authority without charge.

Occupation Centres. The following gives an indication of the number of registered pupils (including "out-workers") at each of the Occupation Centres as at the 31st December, 1954, together with brief details of the surrounding districts from which the pupils are conveyed each day:—

Centres	Pupils	District (other than town)
Bridgwater	22	Spaxton, North Petherton and District.
Coxley (Mid-Somerset)	15	Wells, Glastonbury, Evercreech etc.
Ilminster and District	13	Crewkerne, South Petherton, Chard and District.
Radstock	30	Shepton Mallet, Clutton, Norton St. Philip and Districts.
Taunton	26	Wellington, Milverton etc.
Weston-super-Mare	27	Cheddar, Congresbury, etc.
Yeovil	17	Sherborne, Henstridge, etc.
Other Centres		
Bath	5	Batheaston, etc. (Bath L.H.A.)
Bristol	2	Portishead (Bristol L.H.A.)
Trowbridge	1	(Wiltshire L.H.A.)
Total	158	(Total as at 31st December, 1953 – 130).

Reports received from the Ministry of Health following visits to the Occupation Centres by Inspectors of the Board of Control, have been uniformly satisfactory. Various points such as the use of cutlery and equipment, the need for increased precautions against danger in certain cases have received careful attention. I am happy to report a satisfactory year.

Several of the Centres have had an "Open Day" to which parents and friends have been invited. The Occupation Centre Committees who assist in local management continue to function and do much to keep interest in the work alive. They sponsor outings, parties, and the like and the voluntary work they do is much appreciated. At two of the Centres this annual event has had to be postponed because of assembly difficulty. Further progress at the Bridgwater, Taunton and Yeovil Centres cannot be expected until the badly needed new premises are built. Although the proposals for new buildings were approved by the County Council during the year, there have been several delays but I hope to be able to report in 1955 that the very modest concessions to progress in this branch of the public health service will be on their way to achievement.

Pupils as at 31st December, 1954	Age 16 years or over		Under 16 years		Total
	M.	F.	M.	F.	
At Centres	17	29	56	39	141
"Out-workers"	2	6	2	4	14
Totals	19	35	58	43	155

LUNACY AND MENTAL TREATMENT

The following cases were dealt with by the Council's Mental Welfare Officers under the Lunacy and Mental Treatment Acts, 1890-1930 during the period 1st January to 31st December, 1954.

County Area	Admissions				Total	Other Action Advice, etc., Social Histories
	Certified Cases	Voluntary Cases	Temporary Cases	Section 20/21 Lunacy Act		
Clutton	36	13	4	37	90	66
Frome	27	7	3	9	46	18
Minehead	9	16	2	3	30	6
Wells	32	4	4	14	54	28
Taunton	64	86	5	12	167	224
Weston-super-Mare	57	9	1	3	70	45
Wincanton	1	—	8	3	12	51
Yeovil	20	84	3	15	122	173
Total	246	219	30	96	591	611

Apart from these admissions, which were arranged by the Council's Mental Welfare Officers, the Mental Hospitals continue to admit patients direct on a Voluntary basis, and during 1954 a total of 644 patients were so admitted. It is gratifying to record, therefore, that out of a combined total of 1,235 patients admitted to the Mental Hospitals, 69% of these were Voluntary patients.

Mental Health Clinics. The Out-Patient Psychiatric Clinics established by the Tone Vale and Mendip Hospitals at Taunton, Bridgwater, Yeovil, Weston-super-Mare, Minehead, Bath and Wells are attended by the Mental Welfare Officers, as required, and the arrangements made have been very helpful to the Local Health Authority in carrying out their duties under the Lunacy and Mental Treatment Acts.

Old People. The problem of admitting old people to Mental Hospitals shows little change. I understand that many authorities, associations and the like have given evidence to the Royal Commission of the pressing need to deal with this matter. We are fortunate to have three "Long-stay" Annexes in Somerset which undoubtedly ease what might be an intolerable position.

Children. There are six Somerset children at "Merryfield", the Children's Psychotic Unit attached to Tone Vale Hospital. Mental illness in a child whatever its nature or causation is a distressing thing. I am happy to think that a Mental Hospital in this County should be in the forefront in tackling the problem of treatment of children unfortunate enough to suffer in this way.

After-Care. Responsibility for the after-care of patients who have attended hospital clinics or who have left Mental Hospitals has been undertaken by the County Council whose officers carry out any necessary visitation after consultation with the Medical Officer concerned.

This work is carried out to a greater extent under Section 51 of the National Health Service Act, 1946, and in a few cases under the provisions of Section 28 of the Act relating to after-

care. The visiting staff carry out much of this work as part of their normal duties.

In addition, the cases of former certified mental defectives are dealt with under this heading, and their names are no longer placed upon the old "voluntary" supervision list.

Ambulances. The Ambulance Service has assisted the Mental Health Services staff in the removal of patients to or from their homes and institutions or hospitals, and the close integration of the two services has contributed to the success of mental health work which has been done during the period under review.

Voluntary Associations. There have been numerous ways in which the Somerset Association for Mental Welfare has assisted the County Council in the discharge of its duties as Local Health Authority, an especially valuable feature of the work being in the care and supervision which the Association provide on a voluntary basis for patients who were formerly ascertained as educationally sub-normal, or mentally defective, but who have now reached maturity, and in respect of whom supervision under the Mental Deficiency Acts cannot be arranged, or is undesirable. In addition, the Association are represented upon the various Occupation Centre Committees and provide amenities which would otherwise be a charge upon County funds.

The Association have in certain cases provided grants in needy cases and have assisted in employment problems.

Staff.

(a) Medical Officers.

The Mental Health Services are in medical charge of the Senior Medical Officer for Mental Health Services who directs the Services. She is assisted by five approved Medical Officers for the purposes of Mental Deficiency (as required) who like the Senior Medical Officer are also approved by the Minister of Health to take action under the appropriate provisions of the Mental Treatment Act, 1930.

One of the five medical officers is employed full-time as School Medical Inspector while the services of the others are given on a sessional basis by special arrangement with the Regional Hospital Board.

(b) Administrative and Executive Officers (non-medical)

The responsibility for administration and day to day management of the Mental Health Services rests upon the Mental Health Officer who is the Council's Petitioning and Authorised Officer under the Mental Deficiency Acts and a Duly Authorised Officer under the Lunacy and Mental Treatment Acts. He has also been appointed Receiver by the Court of Protection in respect of the estates of 20 mentally defective patients in institutions or under guardianship.

He is assisted by a Deputy, also authorised to present Petitions, a Superintendent Mental Welfare Officer (with a County District) and the following staff in my Department in County districts and at Occupation Centres :-

Duly Authorised Staff

Mental Welfare Officers (3 part-time)	...	...	...	7
Mental Health Visitors	...	...	...	3
		carried forward		<u>10</u>

				brought forward	10
Occupation Centre Staff.					
Supervisors	...	...	...	...	7
Assistant Supervisors	...	...	...	...	5
Trainee Assistants	...	...	...	...	1
Domestic Helpers (part-time)	...	...	...	...	3
Caretakers	...	...	...	...	1
Administrative and Clerical (except (b) above)					
Clerical Staff...	...	...	...	...	5
Trainee Mental Welfare Officer	...	...	...	...	1
Vacancies	...	...	...	...	1
Total (non-medical) staff					34

There appears to be no training for Mental Welfare Officers other than the University courses in social science. The recruitment of suitable officers for appointment as duly authorised officers with both good educational qualifications and practical experience thus presents a difficulty. The Somerset Local Health Authority have for the time being, decided to train their own officers. A trainee Mental Welfare Officer (general division of the N.J.C. salary structure) post is established in my Department where the trainee first of all assists in general administration and thus has the opportunity of learning this and the legal duties involved in mental health. Subject to his having an apparent vocation he is able to visit the various occupation centres, the Mental Deficiency Hospitals and undertake under the supervision of a senior field officer a certain amount of visiting and social welfare work. When the trainee has become proficient his duties are increased. Before being assigned as an assistant to a District Officer he receives a short revisionary course and is seconded to a Mental Hospital for a month or so, to gain experience of hospital methods, and psychiatric social work.

The training scheme has so far shown excellent results and I am grateful to the Medical Superintendents and other specialist officers for making it possible.

General. It is once again my pleasure to thank all those persons in Somerset who have helped in various official and other ways to promote better mental health in the County. I would refer especially to the Magistrates and Medical Practitioners, the police and the Courts, the Probation Officers, School Teachers, Officers of the Ministry of Labour and Assistance Board and welfare workers in many fields for whose ready co-operation I am indeed much indebted. To all of them, and others whose efforts go unrecorded, I wish to express sincere thanks.

The liaison between the senior and field staff of the Mental Health Services with the Medical and Senior lay officers of the various Hospitals in the County, has continued to be a very important feature of the smooth running of the service.

WATER SUPPLIES

The year proved one of steady progress. Whilst new sources of supply were being developed and several being completed at — St. Dunstan's Well (Shepton Mallet and Frome Rural District Council's joint scheme), the Chew Stoke reservoir (by the Bristol Waterworks Company), Sutton Bingham (Yeovil R.D.C.), Thornford boreholes (a joint scheme between the Wincanton and Sherborne (Dorset) R.D.C.'s), Pole Rue (Chard R.D.C.) and Priddy (Wells R.D.C.) — other schemes are well advanced, such as that by the Taunton Corporation, viz. an impounding reservoir at Clatworthy, which will help water supplies in the County considerably.

There are thirty-six Authorities in the County, viz. seven Boroughs, thirteen Urbans and sixteen Rurals. Taking a line north of the Mendip Hills, the Chew Stoke reservoir now in use will provide augmentation water and ensure a sufficient supply for the following Authorities – the Borough of Weston-super-Mare, the Urbans of Clevedon, Fortishead, Norton Radstock and Keynsham, and the Rural Areas of Long Ashton, Clutton, Bathavon, Axbridge and part of Wells.

South of the Mendips and to the east, taken together with existing supplies the completion of the St. Dunstan's Well source and Priddy headworks, with supplementation water from the Bristol Waterworks Company's reservoir at Cheddar, will provide adequate water for the districts of Wells City and Glastonbury Borough, the Urbans of Shepton Mallet, Frome and Street and the Rural Areas of Shepton Mallet, Frome and Wells.

Further south the sources at Compton Durville, Pole Rue, Thornford and Sutton Bingham, which it is hoped will be in operation within the next year, will, with existing sources, provide a sufficiency of water for the Borough of Yeovil, Crewkerne and Ilminster Urbans and Langport, Chard, Yeovil and Wincanton Rural Districts. Chard Borough Council are in search of more at the moment but should the yield at Pole Rue be insufficient there is considerable water running to waste in the adjacent area of Tatworth.

Of the eleven remaining Districts lying to the south-west, the Dulverton Rural Area will, on economic grounds, have to depend upon local or semi-local supplies due to the scattered nature of the population and the distances between the various villages; fortunately such sources are available and are being utilised. With increasing demands on existing sources, whilst the question of adequacy has not become acute this stage may be reached in the near future. The proposed impounding reservoir at Clatworthy, when in operation will provide supplementary water and ensure adequacy in the following Districts – Taunton Borough, Watchet and Wellington Urbans and the Rural Areas of Wellington, Williton and Taunton.

Minehead has its own source of supply from the Nutscale reservoir and whilst the water is sufficient it has a corrosive action on the pipes which causes cloudiness. This is particularly noticeable at peak draw off periods. It is understood that proposals to correct the acidity of the water are under consideration.

The main supplies to the Bridgwater Borough and Rural Councils are from the Ashford and Durleigh impounding reservoirs. Industrial demands are increasing rapidly and it is estimated that in the Borough alone, and within the next three years, such consumption will amount to nearly two and a half times the quantity required for domestic purposes. Proposals to augment the existing sources as an interim measure have been put to the Ministry but these provide little surplus to meet any further demands. A new source, or help from the Taunton Corporation's scheme at Clatworthy will become necessary in the near future.

On the whole, County Districts can look with satisfaction on the progress made in affording piped supplies since 1944. This has involved them in considerable expense with little increase in revenue in some parts where, owing to the rise in consumption, the expenditure has been for works of augmentation.

Water, chemically, is becoming more standardised; whereas in some Districts it was soft and in others very hard, both conditions wasteful to the water undertakers and the consumer, it is now hardened or softened as the case may be before it enters the distribution system. It should be incumbent on all water undertakers that water for domestic use should conform to certain limits both with regard to acidity and hardness.

Considerable progress has been made in the Langport and Shepton Mallet Rural District Councils' areas in providing their respective parishes with a piped water supply. Frome Rural District Council are also pushing ahead in the provision of supplies from the main.

It was hoped that Stage II of the comprehensive scheme of Wells Rural would have been in operation but unfortunately, through no fault of the Authority, little headway has been made.

With the rising costs of labour and materials delays mean that schemes become ultimately

more expensive. As a rough yardstick it can be said that since 1944 the rise has approximated to ten per cent per annum.

Samples of raw and treated water submitted for bacteriological examination numbered 2,098. In addition, 218 samples were taken for chemical analysis.

Of the 396 parishes in the County, 371 are now supplied wholly or in part from public mains or with a piped supply from private sources. The remainder rely on wells, springs and boreholes.

Details regarding sample results of well water and the installation of piped supplies, etc. were as follows:—

		Boroughs and Urbans	Rurals
Samples submitted for examination	...	19	203
Number found satisfactory	... ..	11	76
Number of piped supplies substituted for:—			
(a) well water	... ..	8	567
(b) private sources	... ..	4	100
(c) other	... ..	1	195
Number of wells closed...	... ..	—	72

With regard to adequacy of water supplies, shortages occurred in seven of the Borough and Urban areas and in six of the Rural Districts. In one or two cases the position was serious but generally speaking, where it was necessary to impose restrictions, these were for short periods only.

Schemes approved under the Rural Water Supplies and Sewerage Act, 1944, during the year were as follows:—

Rural District.	Scheme.	Estimated cost (as submitted).
		£ s. d.
Axbridge ...	Banwell — Summer Lane Extension ...	2,800 0 0
Bathavon...	Bathampton — Extension of Water Services ...	1,500 0 0
Chard ...	Extension in Tytherleigh Area... ..	700 3 4
Long Ashton	Extension of main to Kenn Pier Area ...	1,555 0 0
Taunton ...	Cothelstone — Chlorination Plant ...	300 0 0
Taunton ...	Dipford Extension	1,300 0 0
Taunton ...	Pitminster — Wells Orchard Supply ...	701 0 0
Wells ...	Comprehensive Scheme	209,000 0 0
Williton ...	Crowcombe — Red Post Extension ...	469 2 6
Williton ...	Luckwell Bridge and West Hawkwell Extension	1,191 13 8
Williton ...	Monksilver — Relaying of Distribution System	2,249 0 0
Wincanton	Development of Water Undertaking — Supply for Stowell	4,516 0 0
Wincanton	Supply at Sigwells, Charlton Horethorne ...	278 0 0
Wincanton	Bruton — Extension at Lusty	657 0 0
Wincanton	Castle Cary — Milbrook Extension ...	438 0 0
Wincanton	Replacement of mains at Charlton Musgrove ...	23,010 0 0
Yeovil ...	Comprehensive Scheme — Contract No. 6 — Treatment works Buildings	77,700 0 0
Yeovil ...	Comprehensive Scheme — Contracts No. 24 and 25	6,250 0 0
Yeovil ...	Purchase of Hydraloader	1,500 0 0
Yeovil ...	Comprehensive Scheme — Laying of 9" main from Odcombe Reservoir to Bower Hinton ...	8,625 0 0
Yeovil ...	Comprehensive Scheme — Erection of three cottages at Sutton Bingham	8,725 0 0

Schemes approved prior to 1954 but costs revised and re-submitted:—

Rural District	Scheme	Revised cost.		
		£	s.	d.
Bathavon	Extension of mains to Western Part of District ...	43,530	0	0
Taunton	Lydeard St. Lawrence	5,800	0	0
Wells	Meare — Extension to Westhay	2,200	0	0
Williton	Doverhay — Purchase of Supply System ...	9,200	0	0
Wincanton	Development of Water Undertaking — Section III — Augmentation of Supply at Charlton Musgrove and Wincanton	31,850	0	0
Wincanton	Development of Water Undertaking — Section IV — Augmentation of Supply at Bruton ...	16,700	0	0
Yeovil	Mudford Sock — Ashington Lane Extension ...	1,400	0	0
Yeovil	Comprehensive Scheme — Temporary Intake at Sutton Bingham (part of Contract No. 8) ...	9,012	1	4

SEWAGE DISPOSAL

A number of schemes were completed during the year and good progress was made with others in course of construction.

After considerable delay the Yeovil Borough Council were given permission to commence operations on the new disposal works. New treatment plant is long overdue and when finished the effluent will greatly improve the condition of the River Yeo to which the undertreated sewage from the present worn out and overloaded works discharges. The position is somewhat similar at Taunton where the existing works cannot cope with the increased volume of sewage requiring treatment. The replacement disposal works now under construction at Ham will not only cater for the town's sewage for many years to come but will also be utilised in treating waste from several villages in the rural area which can be connected to the town's main sewerage system. In other urban areas works were limited mainly to extensions of the sewerage system to serve new housing estates. A number of major schemes have, however, been submitted to the Ministry of Housing and Local Government and are awaiting approval.

In the rural areas of the County main drainage schemes were completed and brought into operation in the villages of Axbridge and Compton Bishop, Stoke St. Michael and Stratton-on-the-Fosse, whilst similar works for Beckington, Kilmersdon and Clutton were almost finished. There are a number of schemes before the Ministry awaiting approval, many of which it is hoped will be started during the next twelve months. Some of these are badly needed in order to obviate existing nuisances which are being added to by the erection of further houses in the various villages. In some parishes the building of further houses has been prohibited by the Ministry until new or improved drainage facilities are provided. Such circumstances are unfortunate and cause hardship to applicants for houses who wish to reside in areas near their work. Whilst it is a costly business for Local Authorities to provide main sewerage, it is also expensive for owners of property to make the necessary connections. In some cases it is rather surprising to find that where a sewer has been provided so few owners have taken advantage of the new drainage facilities. The answer is mainly one of finance and in order that such drainage systems can be utilized to the full District Councils may find it both necessary and desirable to assist in cases of financial strain whereby the owner can repay the cost over a convenient period. It is becoming obvious that before embarking on any new sewerage proposals and to ensure that full use will be made of the system when in operation an inspection of existing facilities and a canvass of the owners is of the utmost importance.

Schemes submitted and approved were as follows:—

Rural District	Scheme	Estimated Cost (as submitted).		
		£	s.	d.
Axbridge ...	Locking Sewerage and Sewage Disposal...	12,840	0	0
Axbridge ...	Winscombe — Extension of Sewer ...	714	15	8
Axbridge ...	Shipham — Extension of Sewer ...	2,056	0	0
Bathavon ...	Shoscombe — Sewer Extensions ...	1,128	0	0
Bathavon ...	Peasedown St. John and Shoscombe Sewage Disposal ...	1,985	0	0
Bathavon ...	South Stoke Sewage Disposal ...	11,393	0	0
Bathavon ...	Priston Sewerage and Sewage Disposal ...	8,500	0	0
Bathavon ...	Peasedown (Northern Part) Sewerage and Sewage Disposal ...	11,380	0	0
Bridgwater ...	North Petherton, Portman Estate - Off-site works	1,750	0	0
Clutton ...	Timsbury - Reconditioning of Disposal Works ...	7,239	0	0
Frome ...	Rode Sewerage ...	14,498	0	0
Taunton ...	Ruishton Sewerage ...	9,000	0	0
Williton ...	Holford Sewerage and Sewage Disposal ...	3,778	0	0
Williton ...	Crowcombe Sewerage and Sewage Disposal ...	10,900	0	0
Williton ...	Roadwater and Washford Sewerage and Sewage Disposal ...	25,133	0	0
Wincanton ...	Milborne Port - Sewer Extension ...	278	19	7
Wincanton ...	South Barrow ...	920	0	0
Wincanton ...	Provision of sewer at Pitcombe ...	2,775	0	0
Wincanton ...	Castle Cary - Milbrook Housing Estate Sewerage	750	0	0
Yeovil ...	Ilchester - Extension of Sewer ...	280	0	0
Yeovil ...	Drainage of properties in Marsh Lane ...	525	0	0

Schemes approved prior to 1954 but costs revised and re-submitted :-

Rural District	Scheme	Revised Cost		
		£	s.	d.
Bridgwater ...	Westonzoyland Sewerage and Sewage Disposal	24,480	0	0
Clutton ...	Stanton Drew Sewerage and Sewage Disposal ...	16,538	0	0
Frome ...	Kilmersdon Sewerage and Sewage Disposal ...	18,300	0	0
Shepton Mallet ...	Gurney Slade Sewerage and Sewage Disposal ...	24,500	0	0
Wellington ...	Oake Sewerage and Sewage Disposal ...	1,310	0	0
Williton ...	Williton — Sewerage Extensions ...	16,652	7	2
Wincanton ...	Templecombe Sewerage and Sewage Disposal ...	25,380	0	0
Yeovil ...	Mudford Sewerage and Sewage Disposal ...	13,400	0	0

HOUSING

The Housing Repairs and Rents Act came into operation on the 30th August, 1954. Under this enactment Local Authorities are required to submit to the Minister within twelve months their proposals for dealing with the houses in their Districts which appear to them to be unfit for human habitation. An estimate of the number is desired and of the period needed to secure their demolition, together with the Council's programme of action in relation to these houses during the next five years.

Whilst there are still long waiting lists for new houses, it is gratifying to find that some attention is to be given to those which although unfit, are still occupied, particularly those where dampness is so manifest. In the post-war years many Authorities when allocating tenancies of new houses have found it necessary owing to the housing problem to pass over applicants who were tenants of such dwellings simply because they had a house, although a poor one. A house may be

comparatively dry yet classed as unfit simply because it cannot be repaired at a reasonable cost. On the other hand, there are many dwellings placed in the same category which, whilst in reasonable repair, have cardinal defects, such as serious dampness, which are more likely to impair the health of the occupants.

In the past a number of Authorities have had regard to such occupiers when letting new houses and a percentage of the latter have been allocated accordingly.

It would appear that future action is to be more specific and that it will perhaps be incumbent upon Local Authorities to build for the purpose of rehousing slum dwellers.

While more and more houses are being built and the lists of applicants are being gradually reduced, there is still a great deal to be done to accommodate those requiring homes of their own and to rehouse those living in unfit houses or in overcrowded conditions. At the present rate of building it will take a further six and a half years to meet these needs.

SANITARY CIRCUMSTANCES

Closet Accommodation.

It is not possible to give an accurate figure of the number of houses provided with water closets or those having to rely on pail and other types of closet as some Districts were unable to supply the information.

Conversions from pail and other types of closet showed a marked improvement over 1953 and excluding three Rural Districts who had no records 552 properties were converted to the water carriage system.

Cesspool Emptying.

There are no hard and fast rules governing the emptying of cesspools and in the majority of cases the responsibility rests with the tenant. In those cases where Local Authorities provide a service charges vary considerably. One Urban District undertakes to empty twice annually free of charge and any additional emptying required is charged on an hourly basis.

House Refuse.

In all the Urban Districts removal of house refuse is carried out directly by the Councils themselves; the Rural Authorities, however, depend rather more on sub-contracting the work.

Frequency of collection is mainly weekly in Urban Districts; in the Rural Areas the interval varies from one to four weeks depending on the concentration of houses.

Trade Waste.

Arrangements for the collection of trade waste are more or less confined to the Urban Areas, sixteen such Districts having schemes in operation. In the Rural Areas removal is arranged at the same time as house refuse is collected.

Refuse Disposal.

Disposal of house refuse in the County is now as follows:—

		Boroughs and Urbans.	Rurals.
Controlled Tipping	...	15	16
Partly Controlled Tipping	...	1	4
Uncontrolled Tipping	...	5	14
By Incineration	...	4	1
Part Incineration	...	1	—

CAMPING SITES

At the end of the year there were 35 (56) and 127 (169) licensed camping sites i.. the Urban and Rural Districts respectively. The figures for 1953 are shown in brackets. The drop in the number of sites licensed is rather surprising in view of the continued popularity of camping, whether in a caravan or tent. The overall permanent population is estimated at 2,095 and seasonal 13,924.

With the bulk of the sites fairly concentrated, as in the Axbridge area in the Brean and Berrow districts, the time is fast approaching when sanitary conveniences of a more permanent nature will be required. Camping holidays are preferred by many people today for various reasons and where the seasonal population is high the present method of dealing with the sanitation problem can only be described as of a temporary character.

SWIMMING BATHS

Treatment at fifteen baths is now by recirculation, filtration and automatic chlorination, at seven by hand chlorination only and at one the water is untreated.

As in the past, and with the co-operation of local Sanitary Inspectors and the Inspectors of Bristol and Bath, a very careful check was maintained on the fitness of the water in those baths used by school children for swimming instruction.

Samples of water taken from all baths during the year totalled 174. These were submitted for bacteriological examination, of which 19 were classed as either suspicious or unsatisfactory.

In addition, 646 chlorine residual tests were also carried out.

SUPERVISION OVER THE FOOD SUPPLY

Slaughter-houses and Meat Inspection.

In February, 1953, an Interdepartmental Committee was set up to :—

- (1) discuss and prepare a plan as to the location of slaughter-houses in England and Wales subject to a policy of moderate concentration;
- (2) make recommendations —
 - (a) for priority of new works and major reconstruction;
 - (b) on the general principles of siting and facilities that should be provided in slaughter-houses;
- (3) report on the changes that may be necessary in existing legislation to secure the central regulation of siting and design of slaughter-houses.

The recommendations of the Committee were made known in December, 1953, one of which was "that the responsibility for licensing private slaughter-houses should remain with the Local Authority during the interim period prior to the implementation of moderate concentration".

The following table shows the number of licensed slaughter-houses owned or leased by Local Authorities, those privately owned, bacon factories, slaughter-houses where horses are killed for human consumption and knackers yards. Details as to the number of animals slaughtered at these establishments are also given.

	Slaughter-houses/ Abattoirs in operation owned or leased by Local Authority		Private slaughter-houses			Bacon Factories		Slaughter-houses where horses are slaughtered for human consumption			Number of Knackers Yards
			No.					No.			
	No.	Animals slaugh- tered	Licensed	Operating	Animals slaugh- tered	No.	Animals slaugh- tered	Licensed	Operating	Animals slaugh- tered	
Boroughs and Urbans	3	85,658	32	29	57,505	5	198,531	—	—	—	1
Rurals	1	20,308	89	71	70,748	1	9,911	2	1	450	9
Totals	4	105,966	121	100	128,253	6	208,442	2	1	450	10

The total amount of meat condemned was 741,963 lbs., of which 300,057 lbs. was affected with Tuberculosis.

In December the average weekly kill at all slaughter-houses in the County was 7,091 and at bacon factories 4,315.

Of the 30 Districts where slaughtering is in operation there is 100% inspection in 22 of these. In 3 bacon factories the "spotter" system is used and in 5 instances, owing to shortage of staff, 100% inspection is not guaranteed.

The periods for which licences have been issued by District Authorities vary from one to five years.

At Weston-super-Mare a new chilling room is to be provided at a cost of £8,500 and when completed will be capable of taking up to 140 sides of beef.

Tuberculosis in Calves.

Where calves born inside the County but slaughtered outside are found to be affected by tuberculosis notification of such cases is received by arrangement with the Authorities concerned. This information is immediately passed to the Divisional Inspector of the Ministry of Agriculture and Fisheries who arranges for an investigation to be carried out at the farm concerned. As a result of this collaboration the spread of infection is reduced. Generally, it is the mother who is found to be primarily responsible for the condition of her offspring.

Seven notifications only were received during the year — the lowest number yet recorded. The Veterinary Officer reported that as a result of tests made six dams were slaughtered under the Tuberculosis Order. The dam of the seventh case could not be traced.

Designated Milk (Raw)

The Milk (Special Designation) (Raw Milk) (Amendment) Regulations, 1949-54.

These Regulations are mainly concerned with amending previous Regulations but incorporated is an Explanatory Note on 'eradication' and 'attested' areas.

Under Section 5 of the Diseases of Animals Act, 1950, the Minister of Agriculture and Fisheries may by Order declare any area, if he is satisfied that a substantial majority of the

cattle in that area are free from Tuberculosis, to be an 'eradication' area for the purposes connected with the control of this disease. In addition, if the Minister is entirely satisfied that for all practical purposes the disease is non-existent in an area he may declare it to be an 'attested' area and, furthermore, prohibit or regulate the movement of cattle into, out of, or within such area.

A fund has been set aside by the Treasury which enables the Minister of Agriculture and Fisheries to pay owners of any herd of cattle such sums as are considered desirable to secure that the herd is free from Tuberculosis. This scheme is to continue until September, 1958, but may be extended for a further three periods of five years.

The responsibility for inspection and examination of herds rests with the Veterinary Service.

Ministry of Food Circular No. 19/1954

This Circular drew the attention of Authorities to a change in the law relating to specially designated milk. On and after the 1st October, 1954, the use of the special designation "Accredited" was not permitted and producers' licences to use this designation expired on the 30th September, 1954, and were not thereafter renewable.

Milk Producers and Producer-Retailers

The County Agricultural Executive Committee have kindly provided the following details respecting producers and licences at the end of the year :—

Registered and Licensed Producers — 7,234

Number of Licensed "Tuberculin Tested" Producers	...	3,760	— 52.0%
Number of Undesignated Producers	... ..	3,474	— 48.0%

Registered and Licensed Producer-Retailers —

Total number of Producer-Retailers	... ..	1,071	
Estimated number of Producer-Retailers of "Tuberculin Tested" milk	... ..	460	43.0%
Estimated number of Producer-Retailers of Undesignated milk	611	57.0%

Bottling Licences — "Tuberculin Tested" only	130	
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Somerset is one of the leading Counties in milk production and each year shows a gradual rise in the gallonage produced as is shown in the following figures :—

Year ending 1st October, 1952	... ..	90,903,000 gallons
" " " " 1953	... ..	98,029,000 gallons
" " " " 1954	... ..	102,686,000 gallons

Milk Licences and Registrations

The number of Registered Distributors, Dairy Premises and Supplementary Licences issued during the year were :—

		Boroughs and Urbans	Rurals	Total
Registered Distributors	... ..	168	166	334
Registered Dairy Premises	... ..	132	91	223
Supplementary Licences	... ..	45	72	117

The following samples were taken by Local Sanitary Inspectors from premises registered as above :—

	Boroughs and Urbans		Rurals		Total	
	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory
Pasteurised	73	1	7	—	80	1
“Tuberculin Tested” (Pasteurised)	68	4	20	—	88	4
“Tuberculin Tested”	101	14	71	21	172	35

Pasteurised and Sterilised Milk

The Milk (Special Designation) (Pasteurised and Sterilised Milk) (Amendment) Regulations, 1949-54

These Regulations, made jointly by the Minister of Health and the Minister of Food in December, 1953, came into operation on the 1st October, 1954. From this date it became compulsory to use caps which overlap the lips of bottles containing Pasteurised milk. In addition, the sale of such milk in bottles other than those filled on the premises where the milk is pasteurised is prohibited.

The number of premises in the County licensed to pasteurise milk at the end of the year was thirty-one. One plant is licensed to sterilise milk.

No new licences were issued during the year.

It is estimated that existing plants in the County are now handling 182,000 gallons of milk per week, the bulk of which is bottled at the place of processing.

Inspections of a routine nature have been continued and where necessary advisory visits made following unsatisfactory sample results.

Details of samples taken during the year were as follows :—

Designation				Number of samples taken	Number satisfactory	Percentage unsatisfactory
Pasteurised —						
Bulk ... ..	...	...	...	168	168	—
Bottled ... ..	...	...	...	1,269	1,232	2.9
				<u>1,437</u>	<u>1,400</u>	<u>2.6</u>
Sterilised				<u>46</u>	<u>46</u>	—
						Pasteurised
Number failing Phosphatase test ... ..				...	...	30
Number failing Methylene Blue or Keeping Quality test ... ..				...	...	5
Number failing both tests ... ..				...	...	2

Empty Cleansed Bottles

During the year 700 empty cleansed bottles have been collected from licensed premises and submitted to the Public Health Laboratories for sterility tests. Apart from providing valuable evidence as to the efficiency of the various bottle washing plants operating in the County, this service is much appreciated by the dairy trade.

Specified Areas

Under Section 23 of the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, the Minister is empowered to make Orders specifying areas within which the use of special designations in relation to milk sold by retail becomes obligatory.

One area has already been "specified", viz., the Urban District of Keynsham and the Rural District of Bathavon.

In a notice dated the 6th October, 1954, the Minister declared his intention to "specify", not earlier than the 1st February, 1955, the following Districts:—

Boroughs of	...	...	...	...	Bridgwater
					Weston-super-Mare
Urban Districts of	...	...	...		Burnham-on-Sea
					Clevedon
					Norton Radstock
					Portishead
Rural Districts of	...	...	...		Axbridge
					Bridgwater
					Clutton
					Long Ashton

It is the responsibility of my Department to see that none but those milks designated are sold in the areas prescribed.

Animal Health

I am indebted to the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries for the following information.

There are now estimated to be 340,000 cattle in the County, of which approximately 172,760 are either "Attested", "Supervised" or "Tuberculin Tested". An "Attested" herd is so named after it has had three consecutive clean tests, which, in effect, means that no animal must react at each test. Herds which have passed two clean tests and are awaiting a third for Attestation are termed "Supervised". "Tuberculin Tested" refers to those animals which have passed the the tuberculin test and comprise a dairy herd for which the owner holds a licence to use the designation "Tuberculin Tested" in relation to the milk produced from it.

Details regarding the herds previously mentioned are as follows:—

(a) No. of herds Attested and for which "T.T." licences have been granted	...	...	...	...	...	...	...	...	...	...	...	...	...	3,049
(b) No. of herds Attested only	...	...	...	...	...	...	...	...	...	...	...	...	...	956
													Attested	...	4,005

(c) No. of Supervised herds	108
(d) No. of "T.T." Supervised herds	162
(e) No. of herds not Attested but for which "T.T." licences have been issued... ..	396
(f) Total number of "T.T." herds – viz. (a), (d) and (e)... ..	3,607
(g) Total number of herds being subjected to Tuberculin Testing	4,671

Biological Sampling

Producer-retailers of Undesignated milk are now estimated to number 611 compared with 645 at the end of 1953. Included in this latter figure were many "Accredited" producer-retailers but, as previously mentioned, the designation "Accredited" ceased to exist after the 30th September, 1954.

Bulk sampling from Undesignated herds owned by producer-retailers has been continued by the Sampling Officers with the assistance of four District Authorities.

Samples taken and the results were as follows:—

Grade of Milk	Samples examined	Herds concerned	Number containing tubercle bacilli	Percentage of herds containing tubercle bacilli	
				1954	1953
Undesignated plus "Accredited" up to 30.9.54.	790	386	30	7.8	4.9

The percentage of herds found to contain tubercle bacilli is the highest for many years and does emphasize the importance of such sampling which assists in safeguarding the health of consumers of raw milk, particularly that Undesignated.

Hospital Farms

At the request of the Ministry of Health 60 samples were taken from the five Hospital Farms in the County for bacteriological examination and 20 for biological purposes.

MILK-IN-SCHOOLS SCHEME

Table XII shows the types of milk supplied to schools as at October, 1954. It will be seen from the figures quoted that Pasteurised milk was being consumed at 462 schools in the County, compared with 412 at the same time last year.

TABLE XII

Types of Schools (including Divisional Executive Areas)	Total No. of each type	Types of Milk supplied to Schools (October, 1954) with percentages					
		Past	%	T.T.	%	U.D.	%
Primary	437	400	91.5	35	8.0	2	0.5
Secondary Modern ...	39	39	100.0	—	—	—	—
" Grammar ...	18	18	100.0	—	—	—	—
" Technical...	3	3	100.0	—	—	—	—
Nursery	2	2	100.0	—	—	—	—
Totals	499	462	92.6	35	7.0	2	0.4

The following figures are given to illustrate the progress made since 1946 towards a one-hundred per cent supply of Pasteurised milk.

1946	...	...	...	...	...	...	...	44.1 per cent
1947	...	...	...	...	...	...	...	64.7 " "
1948	...	...	...	...	...	...	...	71.7 " "
1949	...	...	...	...	...	...	...	74.3 " "
1950	...	...	...	...	...	...	...	76.7 " "
1951	...	...	...	...	...	...	...	76.8 " "
*1952	...	...	...	...	...	...	...	73.5 " "
1953	...	...	...	...	...	...	...	86.2 " "
1954	...	...	...	...	...	...	...	96.4 " "
								92.6 " "

*This drop was caused by one retailer reverting to the sale of "Tuberculin Tested" milk for a short time.

Table XIII gives the number of children taking milk and the percentage of types consumed.

TABLE XIII

Types of Schools (including Divisional Executive Areas)	No. of Regis- tered Children	Children taking milk		Quantity consumed, in one-third pints — Census October, 1954					
		No.	%	Past	%	T.T.	%	U.D.	%
Primary	43,392	37,234	85.8	35,508	95.3	1,703	4.6	23	0.1
Secondary Modern ...	13,176	7,796	59.2	7,796	100.0	—	—	—	—
" Grammar ...	5,306	2,899	54.6	2,899	100.0	—	—	—	—
" Technical ...	355	159	44.8	159	100.0	—	—	—	—
Nursery	80	71	88.7	71	100.0	—	—	—	—
Totals ...	62,309	48,159	77.3	46,433	96.4	1,703	3.6	23	0.04

The overall percentage of children taking milk is disappointing, being 0.4 per cent less than the corresponding figure last year. On the other hand, the consumption at Secondary Modern and Grammar Schools shows a slight increase, viz. 59.2% (59.1%) and 54.6% (54.3%) respectively.

Milk Sampling

Out of 812 samples of Pasteurised milk 48 proved unsatisfactory. Regarding "Tuberculin Tested" samples, 519 were taken, of which 44 did not meet the statutory test. Undesignated milk is boiled by the Head Teacher before it is given to the children. Occasional samples are taken to check the efficiency of the heat treatment.

Investigations are carried out immediately it is known that any samples of milk have proved unsatisfactory.

In order to be kept aware of the fat content of the milk being supplied to schools 1,035 samples were submitted to the appropriate test.

ICE CREAM

The number of Registered Premises in the County are as follows :—

	Boroughs and Urbans	Rurals
Premises Registered for Manufacture and Retail ...	40	14
Premises Registered for Manufacture only ...	12	1
Premises Registered for Retail only	857	713
	<u>909</u>	<u>728</u>

The minimum standard for ice cream is still as prescribed in the Food Standards (Ice Cream) Order, 1951, viz. ice cream to contain at least 5 per cent fat, 10 per cent sugar and 7½ per cent milk solids other than fat. These standards apply to all products sold as ice cream but do not apply to “water ices”, including “ice lollies”.

The quality of ice cream has shown a marked improvement in recent years as will be seen from the under-mentioned figures.

Percentage of Samples taken which fall into Grades I and II

Year	%
1947	46.0
1948	64.0
1949	70.5
1950	84.7
1951	91.1
1952	90.4
1953	86.6
1954	91.3

896 samples were submitted for examination to the Public Health Laboratories by District Authorities. The following figures show the number taken of Hot and Cold Mix samples and the percentage satisfactory :—

	Boroughs and Urbans		Rurals		Total	
	Number	% Satisfactory	Number	% Satisfactory	Number	% Satisfactory
Hot Mix ...	695	91.2	132	88.6	827	90.9
Cold Mix ...	37	94.6	32	96.9	69	95.7
Totals ...	732	91.5	164	90.2	896	91.3



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